INVENTORY INVOICE

Invoice #: _____
Date: _____
P.O. #: _____

SHIP FROM (DISTRIBUTION CENTER)

_____
_____
_____
Warehouse Code: _____

BILL TO (RECEIVER)

_____
_____
_____
Tax ID: _____

SKU / Item ID	Description	Lot Number	Quantity	UOM	Unit Price	Total

Subtotal: $ _____
Freight/Shipping: $ _____
Tax: $ _____
Grand Total: $ _____

Logistics Notes: _____

Payment Terms: Net 30 Days. Please include Invoice Number with payment.