INVOICE

Manufacturing Supply Div.

Invoice #: _____

Date: ___/___/20___

PO #: _____

SUPPLIER:

_____
_____
Tax ID: _____

BILL TO (Manufacturer):

_____
_____
Plant Loc: _____

Material Code / SKU	Description	Batch #	Qty (kg/unit)	Unit Price	Total

Subtotal: $ _____
Freight/Logistics: $ _____
Tax (____%): $ _____

TOTAL DUE: $ _____

Notes: Raw materials certified per ISO quality standards. Material Safety Data Sheets (MSDS) attached.

Payment Terms: Net 30 Days