INVENTORY INVOICE

[Your Company Name]
[Street Address]
[City, State, Zip]

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

Supplier:

[Supplier Name]
[Contact Person]
[Supplier Address]
[Phone/Email]

Ship To:

[Warehouse/Facility Name]
[Attention To]
[Shipping Address]
[City, State, Zip]

SKU / ITEM ID	DESCRIPTION OF RAW MATERIALS	LOT/BATCH #	QUANTITY	UNIT	UNIT PRICE	TOTAL

Subtotal: $0.00
Tax: $0.00
Shipping: $0.00

Grand Total: $0.00

Notes: [Insert quality control inspection notes or certification requirements here]

Authorized Signature: _____ **Date:** _____