

PANTRY INVENTORY

Vendor Name / Storage Facility
123 Logistics Way
Contact: (555) 012-3456

INVOICE

Date: _____
Invoice #: _____
Account: _____

Ship To:

Notes / Instructions:

Category	Item Description	SKU / Batch	Qty	Unit Price	Total
Grains					
Canned Goods					
Spices/Oils					
Baking					

Category	Item Description	SKU / Batch	Qty	Unit Price	Total

Subtotal: \$ _____

Shipping: \$ _____

Grand Total: \$ _____

Authorized Signature: _____ Date: _____