

SEAFOOD INVENTORY INVOICE

Invoice #: _____

Date: _____

SUPPLIER / FROM

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

SHIP TO / CLIENT

[Customer Name]
[Delivery Address]
[Contact Name]
[License/Permit #]

Item Description	Catch Date	Storage Temp	Weight/Qty	Unit Price	Total

Subtotal: \$ _____

Shipping: \$ _____
Total: \$ _____

DELIVERY VERIFICATION

Received By: _____ Signature: _____ Date: _____

Perishable Goods: Please inspect all items upon arrival. All seafood must be stored at appropriate temperatures immediately.