

LOGISTICS CORP

123 Global Way
Supply Chain City, NY 10001

INVOICE

Invoice #: _____
Date: _____
Account: _____

BILL TO

SHIPMENT SUMMARY

PO Number: _____
Carrier: _____
Terms: _____

FULFILLMENT DETAILS BY WAREHOUSE

SKU / DESCRIPTION	ORIGIN LOCATION	QTY	UNIT PRICE	TOTAL
_____	WH-EAST-01	_____	_____	_____
_____	WH-WEST-04	_____	_____	_____
_____	WH-CENTRAL-02	_____	_____	_____

Subtotal: \$ _____
Handling Fees: \$ _____
Shipping & Freight: \$ _____
TOTAL DUE: \$ _____

Notes: All warehouse transfers and fulfillment tasks are subject to standard operating terms. Please remit payment within 30 days.

Thank you for your business.