

# INVOICE

Fulfillment & Inventory Services

**[Company Name]**

[Street Address]

[City, State, Zip]

[Email/Phone]

## BILL TO:

[Subscription Brand Name]

[Contact Person]

[Client Address]

**Invoice #:** [00000]

**Date:** [MM/DD/YYYY]

**Cycle:** [Monthly/Quarterly Name]

Description of Service/Item	SKU / Batch	Qty / Units	Rate	Total
Box Assembly & Kitting	[SKU-101]	0	\$0.00	\$0.00
Warehousing/Storage (Pallet)	[STOR-01]	0	\$0.00	\$0.00
Pick & Pack Fees	[LABOR]	0	\$0.00	\$0.00
Shipping/Postage Reimbursement	[POST-01]	0	\$0.00	\$0.00
Inventory Intake/Receiving	[RECV]	0	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

**Total Balance Due: \$0.00**

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**Notes & Payment Instructions:**

Please make checks payable to [Company Name]. Payments due within [15/30] days. For inventory discrepancies, please contact the warehouse manager within 48 hours of receipt.