COLD STORAGE INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

Invoice #: _____
Date: _____
PO #: _____

Bill To:

_____
_____
_____

Shipping Information:

Carrier: _____
Reefer Unit ID: _____
Seal #: _____

Description (Item / SKU)	Pallets/Qty	Storage Temp	Storage Duration	Rate	Total
Freight / Handling Fees					

Mandatory Temperature Requirements:
Set Point: _____ [C/F] | Range Allowed: +/- _____ | Continuous Run: [ ] Start/Stop: [ ]

Subtotal: $ _____
Tax: $ _____

Total Due: $ _____

Notes / Instructions: _____

Authorized Signature: _____ **Date:** _____