INVOICE

Logistics Provider: _____

License No: _____

Date: _____

Invoice #: _____

Vehicle Plate: _____

Shipper (Producer):
_____
_____

Consignee (Receiver):
_____
_____

Product Description	Batch ID	Quantity/Units	Weight	Unit Price	Total

Cold Chain Verification:

Departure Temp: _____C | Arrival Temp: _____C | Cooling Unit Status: [ ] OK

Subtotal: $_____

Tax: $_____

Grand Total: $_____

_____

Driver Signature

_____

Receiver Signature