INVOICE

[Dry Ice Shipping Co. Name]
[Address Line 1]
[Phone Number]

Invoice #: _____
Date: _____
UN Number: UN 1845

Bill To:
[Client Name]
[Address Line 1]
[Contact Info]
Ship To:
[Recipient Name]
[Destination Address]
[Tracking Number]

Description	Weight (kg/lb)	Unit Price	Amount
Dry Ice (Solid Carbon Dioxide)			
Insulated Shipping Container	-		
Hazardous Material Handling Fee	-		
Expedited Freight Charges	-		

Subtotal: $_____
Hazard Surcharge: $_____
Total Due: $_____

WARNING: DRY ICE (UN 1845). HANDLE WITH GLOVES. DO NOT STORE IN UNVENTILATED AREAS.

Payment Terms: Net [30] Days. Please make checks payable to [Company Name].