COLD CHAIN INVOICE

[Company Name]
[Street Address]
[City, State, Zip]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Order Reference: [REF-ID]

Bill To:
[Client Name]
[Client Address]
[Contact Phone]
Ship To / Destination:
[Facility Name]
[Delivery Address]
[Contact Person]

Description	Qty/Weight	Temp. Range	Unit Price	Total
[Product Name/Service]	[Value]	[e.g. 2C to 8C]	$0.00	$0.00
Cold Chain Handling/Packaging	1	-	$0.00	$0.00
Last Mile Delivery Surcharge	1	-	$0.00	$0.00

Cold Chain Compliance:
Departure Temp: [____] | Arrival Temp: [____] | Logger ID: [____]
Subtotal: $0.00
Tax: $0.00

Grand Total: $0.00

Payment Terms: [Net 30/Due on Receipt]
Notes: All perishables were transported in climate-controlled environments according to industry standards. Please report any discrepancies within 24 hours of delivery.