COLD CHAIN INVOICE

[Company Name]
[License Number]

Invoice #: [0000]
Date: [YYYY-MM-DD]

SHIPPER / FROM

[Facility Name]
[Address Line 1]
[Contact Number]

CONSIGNEE / SHIP TO

[Recipient Name/Pharmacy]
[Address Line 1]
[Contact Number]

TEMPERATURE LOG & COMPLIANCE

Required Range: [e.g. 2C - 8C] Logger ID: [Serial Number] Packaging: [e.g. Credo/VIP]

Product Description / NDC	Lot #	Expiry	Qty	Unit Price	Total
[Product Name / Strength]	[Lot000]	[MM/YY]	[0]	[0.00]	[0.00]
[Product Name / Strength]	[Lot000]	[MM/YY]	[0]	[0.00]	[0.00]

Subtotal: $[0.00]

Special Handling / Dry Ice: $[0.00]

Grand Total: $[0.00]

Storage Declaration: Products must be transferred to compliant storage immediately upon receipt. Any temperature excursion during transit must be reported within [X] hours.

Handling Instructions: Do Not Freeze | Keep Refrigerated | Fragile