SEAFOOD INVOICE

Invoice #: _____
Date: _____

SHIPPER COMPANY NAME
Facility License #: _____
Contact: (___) ___-____

CONSIGNEE (SHIP TO)

_____
_____
_____
Phone: _____

SHIPPING DETAILS

Carrier: _____
BOL #: _____
Vessel/Lot #: _____
Departure Date: _____

COLD CHAIN REQUIREMENTS

Required Temp: _____ C/F
Storage Type: [ ] Fresh [ ] Frozen
Logger ID: _____

Species / Product Description	Form (H&G, Fillet, etc)	Qty (Cases)	Net Weight	Unit Price	Total

Subtotal: $_____

Freight/Handling: $_____

Grand Total: $_____

HACCP & COMPLIANCE NOTES

Critical Limit Verification: Temp at loading _____. Seal # _____.