INVOICE

[Logistics Company Name]
[Street Address]
[City, State, Zip]
[License Number]

Invoice #: _____
Date: _____
PO #: _____

SHIPPER / ORIGIN

[Company Name]
[Address]
Contact: [Name]
Phone: [Phone]

CONSIGNEE / DESTINATION

[Clinic/Hospital Name]
[Address]
Contact: [Name]
Phone: [Phone]

Vaccine Description / NDC #	Lot Number	Qty (Vials)	Storage Temp Range	Unit Price	Total

COLD CHAIN COMPLIANCE LOG

Container Type: [ ] Dry Ice [ ] Gel Pack [ ] Reefer
Logger Serial #: _____
Departure Temp: _____ C
Arrival Temp: _____ C
Excursion Noted: [ ] Yes [ ] No
MKT (Mean Kinetic Temp): _____ C

Subtotal:$_____

Handling / Dry Ice Fee:$_____
Shipping:$_____

Total Due:$_____

Notes: All biological materials handled according to GDP (Good Distribution Practices). Receiver must verify temperature logger status immediately upon arrival.

_____
Receiver Signature

_____
Date/Time of Receipt