SALES INVOICE

[Organic Farm Cooperative Name]
[Street Address]
[City, State, Zip]
[Email / Phone]

Invoice #: _____

Date: _____

Producer ID: _____

Customer Details:

[Name/Company]
[Address]
[Phone]

Delivery Info:

[Delivery Date]
[Route/Hub Number]
[Special Instructions]

Item Description	Qty / Unit	Unit Price	Total

Item Description	Qty / Unit	Unit Price	Total

Subtotal: $_____
Tax: $_____

Total: $_____

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

Thank you for supporting sustainable local agriculture!

Certified Organic by [Certification Body]