

ORGANIC PRODUCE INVOICE

[Vendor Name / Farm Name]

[Address]

[Tax ID / Contact]

INVOICE #
DATE

BILL TO:
PAYMENT TERMS:
DELIVERY DATE:

Description (Produce Item)	Quantity	Unit (lb/ct)	Price	Amount
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Subtotal
Delivery Fee
Total Due

Certified Organic By: _____

Thank you for supporting sustainable local agriculture.