WHOLESALE MICROGREENS
INVOICE & TRACKING
_____

Vendor Information:
[Farm Name]
[Street Address]
[City, State, Zip]
[Email/Phone]
Client/Restaurant:
[Business Name]
[Contact Person]
[Delivery Address]
[Phone Number]

Order Dates:
Planting Date: _____
Harvest Date: _____
Delivery Date: _____
Tracking Details:
Batch ID: _____
Tray Count: _____

ORDER STATUS: [ ] Growing [ ] Harvested [ ] Delivered

Variety / Description	Format (Live/Cut)	Quantity	Unit Price	Total

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Subtotal: $_____
Delivery Fee: $_____
Grand Total: $_____

Notes / Care Instructions:
Keep refrigerated at 38-40F. For live trays, water from bottom only.

Payment Terms: Net [ ] Days. Please make checks payable to _____.