

# LOGISTICS PRO

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Chicago, IL 60601  
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## INVOICE

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

PO #: \_\_\_\_\_

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### BILL TO

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

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### WAREHOUSE DETAILS

Facility ID: \_\_\_\_\_

Storage Period: \_\_\_\_\_

Handling Type: \_\_\_\_\_

| SKU / Item ID | Description | Qty / Days | Rate | Total |
|---------------|-------------|------------|------|-------|
|               |             |            |      |       |

