

ORGANIC PRODUCE INVOICE

Invoice #: _____

Date: _____

Producer / Farm:

Certification #: _____

Bill To:

Contact: _____

Description of Produce	Qty / Weight	Unit Price	Total

Subtotal: \$ _____

Tax / Fees: \$ _____

Grand Total: \$ _____

Notes: _____

All items listed above are certified organic in accordance with applicable agricultural standards.