

DAIRY FRESH CO.

123 Pasture Lane, Farmville
contact@dairyfresh.example

INVOICE

No: _____
Date: _____

CUSTOMER DETAILS

Name: _____
Address: _____
Route: _____

DELIVERY STATUS

Delivery Date: _____
Driver ID: _____
Vehicle No: _____

Product Description	Unit Size	Qty	Price	Total
Whole Milk (Fresh)	1 Liter			
Low-Fat Milk	1 Liter			
Heavy Cream	500ml			

Product Description	Unit Size	Qty	Price	Total
Unsalted Butter	250g			
Natural Yogurt	500g			

Subtotal: \$ _____

Tax (___ %): \$ _____

Grand Total: \$ _____

Customer Signature

Delivery Personnel

Note: Please check all products upon delivery. Perishable goods cannot be returned after 24 hours.
Storage: Keep refrigerated at or below 4C.