

# INVOICE

[Manufacturer Name]  
[Facility License Number]  
[Address Line 1]  
[Address Line 2]

**Invoice #:** [000000]  
**Date:** [Date]  
**PO #:** [PO Number]

BILL TO:

**[Wholesaler Name]**  
[Tax ID/VAT Number]  
[Billing Address]  
[City, State, Zip]

SHIP TO / PICKUP:

[Distribution Center Name]  
[Loading Dock #]  
[Shipping Address]  
[City, State, Zip]

SKU / Lot #	Product Description	Quantity (Cases)	Unit Price	Amount
[SKU-001]	[Product Name - Size/Weight]	[0]	\$0.00	\$0.00
[SKU-002]	[Product Name - Size/Weight]	[0]	\$0.00	\$0.00

Subtotal: \$0.00

Shipping/Freight: \$0.00

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**TOTAL DUE: \$0.00**

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**Payment Terms:** [Net 30/COD]

**Storage Requirements:** [Dry/Refrigerated/Frozen]

**Notes:** All food products are manufactured in compliance with [Regulatory Authority] standards.