Fulfillment Invoice

Company Name
123 Logistics Way
Warehouse Dist, ST 12345

Invoice #: _____
Date: _____
Order Ref: _____

CLIENT INFORMATION

Client Name
Street Address
City, State, Zip
Email / Phone

SHIPPING INFORMATION

Recipient Name
Delivery Address
City, State, Zip
Carrier / Tracking #

SKU / Item ID	Description	Qty	Unit Price	Total

FULFILLMENT FEES

Picking & Packing: $_____
Storage Fee: $_____
Shipping Cost: $_____

Subtotal: $0.00
Tax: $0.00
Grand Total: $0.00

Thank you for your business. Please remit payment within 30 days.

Authorized Signature: _____