INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
FDA Reg #: [Number]
License #: [Number]

Invoice #: _____
Date: _____
PO #: _____

BILL TO:
[Customer Name]
[Address]
[Phone Number]

SHIP TO / DELIVERY LOC:
[Facility Name]
[Address]
[Storage Temp Required]

TRANSPORT LOGS: Dispatch Temp: ____F | Arrival Temp: ____F | Vehicle/Trailer ID: _____

Item Code	Description	Lot / Batch #	Expiry Date	Qty	Unit Price	Total

Item Code	Description	Lot / Batch #	Expiry Date	Qty	Unit Price	Total
Subtotal						$
Tax/Fees						$
GRAND TOTAL						**$**

REGULATORY COMPLIANCE & GUARANTEE:
The seller guarantees that the articles listed herein are not adulterated or misbranded within the meaning of the Federal Food, Drug, and Cosmetic Act. Perishable goods must be inspected upon delivery. Temperature sensitive items were maintained at required thermal ranges during transit.

Received In Good Condition By: _____

Date/Time: _____

Driver/Carrier Signature: _____