

# SHIPPING INVOICE

[Company Name]  
[Street Address]  
[City, State, Zip]

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Order #:** \_\_\_\_\_  
**Ship Date:** \_\_\_\_\_

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## SHIP TO

[Customer Name]  
[Shipping Address]  
[City, State, Zip]  
[Phone Number]  
**SHIPPING METHOD**

**Carrier:** \_\_\_\_\_  
**Tracking:** \_\_\_\_\_  
**Service:** \_\_\_\_\_

SKU / ITEM #	DESCRIPTION	QTY	UNIT PRICE	TOTAL

Subtotal: \$0.00  
Shipping: \$0.00  
Tax: \$0.00

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**Grand Total: \$0.00**

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## NOTES & RETURNS

Please inspect all items upon receipt. For returns or damaged goods, contact fulfillment at [Phone/Email] within [X] days of delivery.

Thank you for your business!