

ARTISAN DAIRY Co.

123 Pasture Lane
Farmington, AG 54321
contact@artisandairy.com

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

Bill To:

| Product Description (Batch #) | Unit | Qty | Price | Amount |
|-------------------------------|------|-----|-------|--------|
| Raw Milk / Pasteurized Milk | Gal | | | |
| Artisan Aged Cheese | lb | | | |
| Cultured Butter | Unit | | | |
| Greek Style Yogurt | Case | | | |
| | | | | |
| | | | | |

Subtotal: \$ _____

Delivery Fee: \$ _____

Total Balance: \$ _____

Fresh from our herd to your table.

Please make checks payable to Artisan Dairy Co. Thank you for supporting local agriculture!