

# FARMSTEAD CHEESE CO.

[Farm Address Line 1]

[City, State, Zip]

[Phone Number]

## INVOICE

Date: \_\_\_\_\_

Invoice #: \_\_\_\_\_

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## BILL TO:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PRODUCTION NOTES:

Batch ID: \_\_\_\_\_

Aging Period: \_\_\_\_\_

Milk Source: \_\_\_\_\_

Variety / Description	Weight (lbs/kg)	Unit Price	Total

**Subtotal: \$** \_\_\_\_\_  
**Tax / Delivery: \$** \_\_\_\_\_

**GRAND TOTAL: \$ \_\_\_\_\_**

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**Terms:** Payment due within 15 days. Make checks payable to [Farmstead Cheese Co.].

*Thank you for supporting local artisanal dairy.*