

INVOICE

[Creamery Name]

[Address Line 1]

[City, State, Zip]

Date: _____

Invoice #: _____

Bill To:

[Customer Name]

[Customer Address]

[Phone/Email]

Ship To:

[Shipping Address]

[Delivery Route/Method]

Variety / Type	Batch #	Weight (lbs/kg)	Unit Price	Total

Subtotal: \$ _____

Tax: \$ _____

Shipping: \$ _____

Amount Due: \$ _____

Notes / Payment Instructions:

[e.g., Net 30, Check payable to Creamery Name]

Note: This product is made from raw milk and has been aged for at least 60 days in accordance with food safety regulations.