Farm Name:
Address:
County:
Phone:

Email:

INVOICE #
DATE:

SOLD TO:
FSD Name:
Billing Address:

Phone:

SHIP TO:
School:
Address:
Phone:

DELIVERY INSTRUCTIONS:
Your comments

SMALL TO MEDIUM SIZE FARM	BIPOC OWNED	WOMEN OWNED	VETERAN OWNED	KY GROWN OR PRODUCED
Y N	Y N	Y N	Y N	Y N

QUANTITY	DESCRIPTION	WHOLE OR MINIMALLY PROCESSED	POUNDS	UNIT PRICE	TOTAL

SUBTOTAL	
SHIPPING & HANDLING	
TOTAL DUE	

Make all checks payable to _____Payment is due within 30 days of delivery.
Questions concerning invoice contact: (xxx)- xxx-xxxx or email at:

THANK YOU FOR YOUR BUSINESS!

Date Delivered: _____

Signature/Received by: _____