SALES INVOICE / SHIPPING MANIFEST

		SA	TES III V	OICE	2/Shipping Mani	ILES) [
INVOICE/MANIFEST # SO7402				ACTUAL DATE AND TIME OF DEPARTURE 10/25/2019 04:31 PM							
ATTACHED PAGES No					ESTIMATED DATE AND TIME OF ARRIVAL						
	SHIP	PER INFORM	IATION		REC	EIVE	ER INFO	RMATION	N		
STATE LIC	CENSE #	C11-0000224-LI0	С		STATE LICENSE #		C10-0000355	-LIC			
TYPE OF LICENSE License					STATE LICENSE2#						
BUSINESS NAME Oz Distribution, Inc.				TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West Blvd			t Blvd	BUSINESS NAME			Valley Herbal Center VHC				
CITY, STATE, ZIP CODE Santa Cruz, CA					BUSINESS ADDRESS		14522 Victory Blvd Van Nuys, CA 91405				
950602126					CITY, STATE, ZIP CODE						
PHONE NUMBER (831) 600-7710					PHONE NUMBER 8187861100						
CONTACT NAME Miguel Felix					CONTACT NAME						
				DISTRIE	BUTOR INFORMATION						
STATE LIC	CENSE #	C11-0000224-LI0	2		DRIVER'S NAME		Angel Rodriguez				
BUSINESS NAME Oz Distribution		Oz Distribution, I	n, Inc.		CA DRVR LIC #		B9147506				
BUSINESS ADDRESS		195 Harvey Wes	195 Harvey West Blvd		VEHICLE MAKE		Ford				
		Santa Cruz, CA 9			VEHICLE MODEL		Transit				
PHONE NUMBER (831) 600-7710				VEHICLE LIC. PLATE #		54269L2					
CONTACT NAME Miguel Felix					ACTUAL DATE AND TIME OF ARRIVAL	=					
			RECEIVER COM	MPLETES	ONLY THE SHADED COLUMNS BEL	OW			UNIT	TOTAL	
UID	ITEM NAME						QTY UNIT	TOTAL COST	RETAIL	RETAIL	
[CT00210]	T00210] Summit Boys Caviar Crumble Forbidden Fruit 1G				12	2 \$16.00	\$192.00				
[CT00208] Summit Boys Caviar Crumble Gelato 1g					(\$17.50	\$0.00				
[CT00121] Summit Boys Crumble Mango Brulee 1g					12	2 \$12.00	\$144.00				
[CT00209] S -Summit Boys Caviar Crumble Forbidden Fruit 1G					(\$0.01	\$0.00				
[CT00207] S -Summit Boys Caviar Crumble Gelato 1g					(\$0.01	\$0.00				
[CT00012]	S -Summit Boys Crum	nble Mango Brulee 1g				(\$0.01	\$0.00			
				PRC	DDUCT REJECTION						
	IF PRODUC	CTS ARE REJECTED P	LEASE CIRCLE TH	HE ITEMS	BEING REJECTED IN THE PRODUC	T SHIPF	PED DETAILS	SECTION ABO	VE		
REASO	N FOR RECECTION										
		ia ahinarantanatah ia			RECEIPT CONFIRMATION						
		is shipment match in we	· ·								
	ducts circled abbove ar	ems as inicated received re rejected for delivery a			ricled. he distributor for return to the shipper a	s indica	ted in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT							HONE UMBER				
SIGNATURE OF PERSON RECEIVING AND/OF						D	ATE SIGNED				

REJECTING PRODUCT