SALES INVOICE / SHIPPING MANIFEST

		אמ	LLS IIV O	ICE / B		II LN	, 1					
INVOICE/MANIFEST # SO7489				ACTUAL DATE AND TIME OF DEPARTURE 11/01/2019 03:53 PM								
ATTACHED PAGES No ES					ESTIMATED DATE AND TIME OF ARRIVAL							
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC			3		STATE LICENSE #		C10-0000198-LIC					
TYPE OF LICENSE License					STATE LICENSE2#							
BUSINESS NAME Oz Distribution, Inc			IC.		TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West I			Blvd		BUSINESS NAME		K U S H Pharm					
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126				BUSINESS ADDRESS		16770 Stagg St						
				CITY, STATE, ZIP CODE		Van Nuys, CA 91406						
PHONE NUMBER (831) 600-7710					PHONE NUMBER		0					
CONTACT NAME Miguel Felix					CONTACT NAME							
			D	ISTRIBUTOF	R INFORMATION							
STATE LIC	CENSE #	C11-0000224-LIC	2		DRIVER'S NAME		Angel Ro	odriau	ıez			
BUSINESS NAME		Oz Distribution, Inc.			CA DRVR LIC #		B9147506					
BUSINESS ADDRESS		195 Harvey West Blvd			VEHICLE MAKE		Ford					
CITY, STATE, ZIP CODE		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							
					HIPPED DETAILS	1.004						
			RECEIVER COMPL	ETES UNLT	THE SHADED COLUMNS BEI	LOVV						
										UNIT	TOTAL	
						QTY	QTY UN	IT		RETAIL	RETAIL	
JID ITEM NAME						REC'IDO	ST	TOTAL COST	VALUE	VALUE		
CT00214] Summit Boys Caviar Crumble Pac Glue 1g						12	2 \$	16.00	\$192.00			
CT00216] Summit Boys Caviar Gorilla Glue 1g						12	2 \$	16.00	\$192.00			
	Summit Boys Shelf Supp			1	1 -\$^	16.00	-\$16.00					
				PRODUCT	REJECTION							
	IF PRODUCTS	S ARE REJECTED PI	LEASE CIRCLE THE I	TEMS BEING	G REJECTED IN THE PRODUC	CT SHIPF	PED DETA	AILS S	SECTION ABO	VE		
REASON	FOR RECECTION											
			PROF	OUCT RECE	IPT CONFIRMATION							
I confirm	that the contents of this	shipment match in we										
I agree to	take custody of all item lucts circled abbove are	s as inicated received	above - and which are	e not circled.	ributor for return to the shipper	as indicat	ted in this	form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR						PI	HONE					
REJECTIONG PRODUCT					NUMBER							
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT					DATE SIGNED							