SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO7318		ACTUAL DATE AND TIME OF DEPAR	ACTUAL DATE AND TIME OF DEPARTURE 10/15/2019 04:16 PM				
ATTACHED PAGES No		ESTIMATED DATE AND TIME OF ARE		1 101			
SH	HIPPER INFORMATION	R	RECEIVER INFORMATION				
STATE LICENSE #	C11-0000224-LIC	STATE LICENSE #	C12-000013	32-LIC			
TYPE OF LICENSE	License	STATE LICENSE2#					
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE	Retailer Lice	Retailer License			
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME	Phytologie (Phytologie Oakland			
CITY, STATE, ZIP CODE	Santa Cruz, CA	BUSINESS ADDRESS	8440 Enterp	8440 Enterprise way Oakland , CA 94621			
	950602126	CITY, STATE, ZIP CODE	Oakland , C				
PHONE NUMBER (831) 600-7710		PHONE NUMBER	0	0			
CONTACT NAME	Miguel Felix	CONTACT NAME					
		DISTRIBUTOR INFORMATION					
STATE LICENSE #	C11-0000224-LIC	DRIVER'S NAME	Bradley Mar	tinoz			
BUSINESS NAME	Oz Distribution, Inc.	CA DRVR LIC #		Bradley Martinez B9489158			
BUSINESS ADDRESS	195 Harvey West Blvd	VEHICLE MAKE		Ford			
ITY, STATE, ZIP CODE Santa Cruz, CA 95060212		VEHICLE MODEL	Transit				
HONE NUMBER (831) 600-7710		VEHICLE LIC. PLATE #	54269L2				
CONTACT NAME	Miguel Felix	ACTUAL DATE AND TIME OF ARRIVAL					
		PRODUCT SHIPPED DETAILS					
	RECEIVER	COMPLETES ONLY THE SHADED COLUMNS I	BELOW				
					UNIT	TOTAL	
			QTY QTY UNIT		RETAIL	RETAIL	
UID ITEM NAME			ORD REC'IDOST	TOTAL COST	VALUE	VALUE	
[CT00041] S - The Oz Caviar Crumble True OG .1g SAMPLES			12 \$0.0	01 \$0.12			
CT00043] S - The Oz Cavia	12 \$0.0	01 \$0.12					
		PRODUCT REJECTION					
IF PRO	DUCTS ARE REJECTED PLEASE CIRCL	LE THE ITEMS BEING REJECTED IN THE PROD	DUCT SHIPPED DETAILS	S SECTION ABOY	/E		
REASON FOR RECECTION	DN						
		PRODUCT RECEIPT CONFIRMATION					
I confirm that the contents	of this shipment match in weight and coun						
	all items as inicated received above - and ve are rejected for delivery and remain in the	which are not circled. he custody of the distributor for return to the shipp	per as indicated in this form	m and all attached	d product	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT			PHONE NUMBER				
SIGNATURE OF PERSON REJECTING PRODUCT	RECEIVING AND/OR		DATE SIGNED				