SALES INVOICE / SHIPPING MANIFEST

					ACTUAL DATE AND TIME OF DEPARTURE 10/26/2019 03:21 PM							
ATTACHE	ED PAGES	No		ESTIMATED DATE AND TIME OF ARRIVAL								
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC			2		STATE LICENSE #		C10-0000198-LIC					
TYPE OF LICENSE License				STATE LICENSE2 #								
BUSINESS NAME Oz Distribution, Inc		nc.		TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS 195 Harvey West Blvd					BUSINESS NAME		K U S H Pharm					
CITY, STATE, ZIP CODE Santa Cruz, CA					BUSINESS ADDRESS		16770 Stagg St					
950602126					CITY, STATE, ZIP CODE	Van Nuys, CA 91406						
PHONE NUMBER (831) 600-7710					PHONE NUMBER 0							
CONTACT NAME Miguel Felix					CONTACT NAME							
				DISTRIBUTO	DR INFORMATION							
STATE LICENSE #		C11-0000224-LI0	2		DRIVER'S NAME	Angel Rodriguez			lez			
BUSINESS NAME			Oz Distribution, Inc.		CA DRVR LIC #		B9147506					
BUSINESS ADDRESS		195 Harvey Wes	195 Harvey West Blvd		VEHICLE MAKE		Ford					
CITY, STATE, ZIP CODE		Santa Cruz, CA 9	950602126		VEHICLE MODEL		Transit					
PHONE NUMBER		(831) 600-7710			VEHICLE LIC. PLATE #		54269L2					
CONTACT	T NAME	Miguel Felix			ACTUAL DATE AND TIME OF							
					ARRIVAL							
			RECEIVER COM		SHIPPED DETAILS Y THE SHADED COLUMNS BELO	OW						
UID	ITEM NAME						' QTY D REC'I		TOTAL COST		TOTAL RETAIL VALUE	
CT00214] Summit Boys Caviar Crumble Pac Glue 1g				12 9			\$16.00	\$192.00				
CT00216] Summit Boys Caviar Gorilla Glue 1g						1:	2	\$16.00	\$192.00			
Summit Boys Shelf Support							1	-\$16.00	-\$16.00			
					T REJECTION							
	IF P	RODUCTS ARE REJECTED P	LEASE CIRCLE TH	IE ITEMS BEIN	NG REJECTED IN THE PRODUCT	r SHIPI	PED DI	ETAILS S	SECTION ABO	VE		
REASO	N FOR RECEC	TION										
			PF	RODUCT REC	EIPT CONFIRMATION							
I confirm	n that the conte	nts of this shipment match in we	eight and count as i	ndicated above) .							
_	ducts circled ab	of all items as inicated received above are rejected for delivery a			I. stributor for return to the shipper as	s indica	ited in t	his form a	and all attache	d product	detail	
NAME OF PERSON RECEIVING AND/OR					PHONE							
REJECTIONG PRODUCT							IUMBE					
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						D	ATE S	IGNED				