SALES INVOICE / SHIPPING MANIFEST

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INVOICE/MANIFEST # SO7732 ATTACHED PAGES No			ACTUAL DATE AND TIME OF DEPARTURE 11/13/2019 03:30 PM ESTIMATED DATE AND TIME OF ARRIVAL						
ATTACHED PAGES NO		ESTIMATE	D DATE AND TIME OF ARRIVAL						
СПІС		 	RECEIVER INFORMATION						
SHIF	PPER INFORMATION	l	RECEIVER INFORMATION						
STATE LICENSE #	C11-0000224-LIC		STATE LICENSE #	C10-000	C10-0000326-LIC				
TYPE OF LICENSE	License		STATE LICENSE2 #						
BUSINESS NAME	Oz Distribution, Inc.		TYPE OF LICENSE	Retailer	Retailer License				
BUSINESS ADDRESS	195 Harvey West Blvd		BUSINESS NAME	La Floris					
CITY, STATE, ZIP CODE	Santa Cruz, CA		BUSINESS ADDRESS	242 Main Street					
	950602126		CITY, STATE, ZIP CODE		Weed, CA 96094				
PHONE NUMBER (831) 600-7710			PHONE NUMBER	(530) 40	(530) 408-0420				
CONTACT NAME	Miguel Felix		CONTACT NAME						
		DISTRIBUTO	R INFORMATION						
STATE LICENSE #	C11-0000224-LIC		DRIVER'S NAME	Bradley Martinez					
USINESS NAME Oz Distribution, Inc.						9489158			
BUSINESS ADDRESS	195 Harvey West Blvd		VEHICLE MAKE	Ford					
CITY, STATE, ZIP CODE	Santa Cruz, CA 950602126		VEHICLE MODEL	Transit					
PHONE NUMBER (831) 600-7710			VEHICLE LIC. PLATE #	54269L2					
CONTACT NAME	Miguel Felix		ACTUAL DATE AND TIME OF						
001117101111111111111111111111111111111	, mgdor r oux		ARRIVAL						
			HIPPED DETAILS						
	RECEIVE	ER COMPLETES ONLY	THE SHADED COLUMNS BELOV	N					
							UNIT	TOTAL	
				QTY QTY UNI	ΙΤ		RETAIL	RETAIL	
UID ITEM NAME				ORD RECIDO	ST	TOTAL COST	VALUE	VALUE	
[CT00121] Summit Boys Crumble Mango Brulee 1g				24 \$1	12.50	\$300.00			
		PRODUCT	REJECTION						
IE DDODLIG	CTS ARE REJECTED PLEASE CIR			SHIDDED DETA	\II	SECTION ABO	\/E		
II FRODO	STO AND NEGLECTED FLEASE GIN	COLL THE HEMS BEING	3 KLJECIED IN THE PRODUCT	SHIFFED DETA	VILO O	SECTION ABO	V L		
REASON FOR RECECTION									
		PRODUCT RECE	IPT CONFIRMATION						
I confirm that the contents of the	nis shipment match in weight and co	ount as indicated above.							
	ems as inicated received above - an								
The products circled abbove a sheet(s).	re rejected for delivery and remain in	n the custody of the dist	ributor for return to the shipper as i	ndicated in this	form a	and all attached	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT				PHONE NUMBER					
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT				DATE SIGN	IED				