



MISSION YOGURT, INC.

INVOICE

INVOICE NUMBER: _____
DATE OF EVENT: _____

STORE NAME: _____
STORE LOCATION: _____
STORE CONTACT NAME: _____
STORE CONTACT PHONE: _____
STORE CONTACT EMAIL: _____
CUSTOMER NAME: _____
CUSTOMER BILLING CONTACT NAME: _____
CUSTOMER BILLING CONTACT PHONE: _____
CUSTOMER BILLING CONTACT EMAIL: _____

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL

SUBTOTAL	
GRATUITY	
OTHER	
SALES TAX	
TOTAL	

Thank you for your business!

PLEASE MAKE CHECKS PAYABLE TO: MISSION YOGURT, INC.

SEND PAYMENT TO:
MISSION YOGURT, INC. ACCOUNTS RECEIVABLE Ref:
Invoice # _____

1333 West 120th Avenue SUITE 207
Westminster, CO 80234
phone 303-252-7500 fax 303-252-7507