

SALES INVOICE / SHIPPING / ACTIVITY MANIFEST * CCAP # _____

BUSINESS NAME: _____ **ACTIVITY:** _____

INVOICE / MANIFEST NUMBER:			
ATTACHED PAGE(S)?	YES	NO	NUMBER OF PAGES ATTACHED:

ACTUAL DATE AND TIME OF DEPARTURE:	/	/		AM PM
ESTIMATED DATE AND TIME OF ARRIVAL:	/	/		AM PM

SHIPPER INFORMATION	
CCAP #	
STATE LICENSE #	
TYPE OF LICENSE	
BUSINESS NAME	
BUSINESS ADDRESS	
CITY, STATE, ZIP	
PHONE NUMBER	
CONTACT NAME	

RECEIVER INFORMATION	
CCAP #	
STATE LICENSE #	
TYPE OF LICENSE	
BUSINESS NAME	
DELIVERY ADDRESS	
CITY, STATE, ZIP	
PHONE NUMBER	
CONTACT NAME	

DISTRIBUTOR INFORMATION			
CCAP #			
STATE LICENSE #			
BUSINESS NAME			
STREET ADDRESS			
CITY, STATE, ZIP			
PHONE NUMBER			
CONTACT NAME			

DRIVER'S NAME			
CA DRIVER'S LICENSE #			
VEHICLE MAKE			
VEHICLE MODEL			
VEHICLE LIC. PLATE #			
ACTUAL DATE AND TIME OF ARRIVAL:	/	/	AM PM

PRODUCT SHIPMENT DETAILS – <u>SHIPPER</u> : complete unshaded areas. <u>RECEIVER</u> : complete shaded areas. (Attach additional pages as needed)							
UID TAG NUMBER (IF APPLICABLE)	ITEM NAME AND PRODUCT DESCRIPTION (INCLUDE WEIGHT OR COUNT)	QTY ORDERED	QTY REC'D	UNIT COST	TOTAL COST	RETAIL ONLY	
						UNIT RETAIL VALUE	TOTAL RETAIL VALUE

PRODUCT REJECTION – CIRCLE ALL REJECTED ITEMS IN THE PRODUCT SHIPMENT DETAILS SECTIONS (ABOVE OR ATTACHED)			
REASON FOR REJECTION:			
PRODUCT RECEIPT CONFIRMATION			
I CONFIRM THAT THE CONTENTS OF THIS SHIPMENT MATCH IN WEIGHT AND COUNT AS INDICATED ABOVE. I AGREE TO TAKE CUSTODY OF ALL ITEMS AS INDICATED RECEIVED ABOVE – AND WHICH ARE NOT CIRCLED. THE PRODUCTS CIRCLED ABOVE ARE REJECTED FOR DELIVERY AND REMAIN IN THE CUSTODY OF THE DISTRIBUTOR FOR RETURN TO THE SHIPPER AS INDICATED ON THIS FORM AND ALL ATTACHED PRODUCT DETAILS SHEET(S).			
NAME OF PERSON RECEIVING AND / OR REJECTING PRODUCT:		PHONE:	
SIGNATURE OF PERSON RECEIVING AND / OR REJECTING PRODUCT:		DATE:	

PRODUCT SHIPMENT DETAILS ATTACHMENT PAGE

TO SALES INVOICE / SHIPPING / ACTIVITY MANIFEST

INVOICE / MANIFEST NUMBER (from 1 st page)		ATTACHED PAGE #		OF		TOTAL PAGES
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PRODUCT SHIPMENT DETAILS <u>SHIPPER</u> : complete <u>unshaded</u> areas. <u>RECEIVER</u> : complete <u>shaded</u> areas. <i>(Attach additional pages as needed)</i>							
UID TAG NUMBER (IF APPLICABLE)	ITEM NAME AND PRODUCT DESCRIPTION (INCLUDE WEIGHT OR COUNT)	QTY ORDERED	QTY REC'D	UNIT COST	TOTAL COST	RETAIL ONLY	
						UNIT RETAIL VALUE	TOTAL RETAIL VALUE

PRODUCT REJECTION			
<i>CIRCLE ALL REJECTED ITEMS IN THE PRODUCT SHIPMENT DETAILS SECTIONS (ABOVE OR ATTACHED)</i>			
REASON FOR REJECTION:			
PRODUCT RECEIPT CONFIRMATION			
I CONFIRM THAT THE CONTENTS OF THIS SHIPMENT MATCH IN WEIGHT AND COUNT AS INDICATED ABOVE. I AGREE TO TAKE CUSTODY OF ALL ITEMS AS INDICATED RECEIVED ABOVE – AND WHICH ARE NOT CIRCLED. THE PRODUCTS CIRCLED ABOVE ARE REJECTED FOR DELIVERY AND REMAIN IN THE CUSTODY OF THE DISTRIBUTOR FOR RETURN TO THE SHIPPER AS INDICATED ON THIS FORM AND ALL ATTACHED PRODUCT DETAILS SHEET(S).			
NAME OF PERSON RECEIVING AND / OR REJECTING PRODUCT:		PHONE:	
SIGNATURE OF PERSON RECEIVING AND / OR REJECTING PRODUCT:		DATE:	

* Adapted by City of Arcata from State of California's form