CENTRAL OREGON LOCAVORE INVENTORY DELIVERY FORM

DATE:				INVOICE #:		
Producer (name you want on the check):				Contact Person:		
Address: City & Zip:						
Phone:						
Email:						
<u> </u>	T	<u> </u>		For Items Sold By Weight		
QUANTITY	ITEM DESCRIPTION	SALE UNIT	WHOLESALE (VENDOR) PRICE PER SALES UNIT	WT. UNIT (lb, oz)	TOTAL WT.	WT. VERIFIED BY COL
WHEN PRODU	JCTS REACH SELL-BY DATE OR	"PULL" DATE	, HOW DO YOU WANT YOUR	R PRODUCTS	HANDLED?	
	Throw Away / Destroy and let me	know quantity	destroyed			
	Contact me for removal					
	Donate to local food bank or shelf	ter (product wil	l be safe for this purpose)			
WHEN PRODU	JCTS APPROACH SELL-BY DATE	OR AT THE E	ND OF MARKET WEEK (SAT	TURDAY), DO	YOU WANT TO):
Donate to local food bank or shelter (product will be safe for this purpose)						
Sell at discounted price; instructions as follow: (when to start discount, what % discount)						
IS THERE ANYTHING SPECIAL YOU WANT THE CUSTOMER TO KNOW ABOUT A PRODUCT?						
OTHER SPECIAL INSTRUCTIONS						
Delivered by:		_				
	Vendor					
		- -				
Accepted by:		Date:				

C.O Locavore