



RETURN MANIFEST

****Returns will be credit on your next order****

DISPENSARY NAME: _____ LICENSE: _____

ADDRESS: _____

CITY: _____, OK ZIP: _____

PRODUCTS	STRAINS	QTY	MORE STRAINS	QTY			
.5G PODS:							
1G PODS:							
1G CARTS:							
1G DISPOSABLES:							
4G DISPOSABLES:							
BATTERIES:							

RETURN TO: **RED BUD EXTRACTS**

LICENSE: PAAA-4KGQ-HICR

(405) 212-4431

DISPENSARY SIGNATURE: _____

DATE: _____

PRINT: _____

TRANSPORTATION AGENT : _____

DATE: _____

PRINT: _____

RED BUD RECEIVING: _____

DATE: _____

LYLE GLOVER: _____

DATE: _____