

INVOICE

_____ Date

PURCHASED FROM:

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

PAYEE: _____

FOR THE FOLLOWING GOODS OR SERVICES PROVIDED

(PLEASE LIST THE ITEMS PURCHASED)

AMOUNT

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL DUE: \$ _____

CERTIFICATION:

I CERTIFY THAT THIS IS A TRUE AND JUST INVOICE FOR WHICH PAYMENT HAS NOT BEEN RECEIVED AND SHOULD TAKE THE PLACE OF A LOST OR IMCOMPLETE RECEIPT AND/OR INVOICE.

Signature