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INVOICE

ROSCO SUPPLY, INC.

GREENVILLE, S. C.

Date _____ 19__

Sold To

Address

Job Name

Your Order No.

Salesman:

QUANTITY	DESCRIPTION	SHIPPED	UNIT PRICE		AMOUNT	
			SALES	TAX		
	LOADED BY / DELIVERED BY		TOTAL			

No. 10-CH- 77394

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS BILL

Received By _____

I hereby certify this to be a true copy but request it be recorded.

Signed _____