

INVOICE

ROSCO SUPPLY, INC.

GREENVILLE, S. C.

Date _____ 19__

Sold To _____ W.O. # 606
 Address _____
 Job Name _____ Dr. H. H. H. H.

Your Order No. _____

Salesman _____

QUANTITY	DESCRIPTION	SHIPPED	UNIT PRICE	AMOUNT
1	7/8" x 4 1/2" 16 D. V. 2 7/8" 3.00	1		
1	7/8" x 4 1/2" " " " 4.00	1		
1	7/8" x 4 1/2" " " " 6.00	1		
1	7/8" x 4 1/2" " " " 7.00	1		
100	2 1/2" x 3 1/2" 3/16" 1.00	100	19	
2	4.00 2.00 4.00	2	4.00	
6	3.00 3.00 3.00	6	3.00	
		SALES	TAX	
		TOTAL		

No. 10-CH-77869

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE

Received By _____

[Handwritten signature]

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