CVRD

REQUEST FOR INVOICE

DATE:_____

COMPANY NAME: _____

MAILING ADDRESS: _____

_____

CONTACT PERSON: _____ PHONE #: _____

NO. OF ITEMS	DETAILS	COST PER ITEM	AMOUNT
	GST AMOUNT		
		TOTAL	$

Goods Received by:_____ GST # 106990617

INVOICE REQUESTED BY: _____ ACCT CODE: _____

Manager/Department Head _____
Signature

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