

WEST PIEDMONT REGION

To Use With Incumbent Worker Contract

INVOICE

Customer

Name _____
 Address _____
 City _____ State _____ ZIP _____
 Phone _____

Misc

Date _____
 Order No. _____
 Rep _____
 FOB _____

| Qty | Description | Unit Price | TOTAL |
|-----|-------------|------------|-------|
| | | | |

| | |
|--------------|--|
| SubTotal | |
| Shipping | |
| Tax Rate(s) | |
| TOTAL | |

Payment Check

Comments _____
 Name _____
 CC # _____
 Expires _____

Office Use Only

300 Franklin Street, BOX #9, Martinsville, VA 24112 Phone 276-656-6190 Fax 276-656-6092