INVOICE - RECEIPT CERTIFICATION (See Completion Instructions on Reverse)

| 1. PURCHASE ORDER NUMBER | | | 2. TYPE SHIPMENT (Check One) | | 3. DATE GOODS RECEIVED/AC SERVICE PERIOD END DATE | CEPTED/ 4. DATE IN | 4. DATE INVOICE RECEIVED | |
|---|-----------------------------|-------------------------|------------------------------|----------|--|-------------------------|--------------------------|--|
| 43 | | | DADTIAL COMPLETE | | | YEAR MONTH | DAY YEAR | |
| 5. VENDOR INVOICE NUMBER | | | 6. VENDOR NAME | COMPLETE | | | | |
| | | | | | | | | |
| I certify the items billed were received, inspected, and accepted as complying with this order except as noted below. Bill amounts are to be charged to corresponding line items on purchase order as follows: | | | | | | | | |
| | amounts are to be charged t | o corresponding | ine items on pu | 7 | r as follows: | 9 | 10 | |
| 7 P.O. LINE ITEM NO. | DESCRIPTION | QUANTITY/ UNIT ISSUE | DOLLAR AMOL | P.O. | DESCRIPTION | QUANTITY/ UNIT ISSUE | DOLLAR AMOUNT | |
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| 20 [| DECEIDT EVOEDTION | | | | | L \$ | | |
| 20. RECEIPT EXCEPTION | | | | | | | | |
| 25. Attach invoice and mail to: (Use of Window Envelope is Optional | | | | | AI ITU/ | ORIZED OFFICIAL | | |
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| | | | | | 22. SIGN | NATURE | | |
| L | | | | | 23. DATI | E 24. PHO and I | NE (Area Code FTS COMM | |