

INVOICE DATE: _____

INVOICE #: _____

RETAILER MAILING ADDRESS:

Store Name: _____

Street Address: _____

City, State, Zip Code: _____

MAIL TO: Manufacturers Name: _____

Inmar Dept #: _____ (*Dept. # can be found on coupon*)

Mfr Rcv Office.

801 Union Pacific Blvd Ste 5

Laredo, TX 78045

# of Coupons	Face Value	Total
		\$

Total Coupons _____

Total Face Value \$ _____

Handling (total coupons x \$0.08) \$ _____

Postage

\$ _____

Total Claimed Amount

\$ _____