**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** $ \_\_\_\_\_\_\_\_\_\_\_