

Sample Invoice

INVOICE DATE:

INVOICE #:

RETAILER MAILING ADDRESS:

Store Name _____
 Street Address _____
 City, State, Zip Code _____

MAIL TO:

Manufacturers Name
 Inmar Dept #.
 1 Fawcett Dr.
 Del Rio, TX 78840

# of Coupons	Face Value	Total
		\$

Total Coupons _____

Total Face Value \$ _____

Handling (total coupons x \$.08) \$ _____

Postage \$ _____

Total Claimed Amount \$ _____