

SALES RECEIPT

LIV		
FIRST NAME	LAST NAME	LIV#
ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE# ()	
CLIENT		
FIRST NAME	LAST NAME	CUSTOMER#
ADDRESS		
	STATE	
TELEPHONE# ()	
QUANTITY	PRODUCT DESCRIPTION	UNIT PRICE
QUANTITY	PRODUCT DESCRIPTION	UNIT PRICE
QUANTITY	PRODUCT DESCRIPTION	UNIT PRICE
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QUANTITY	PRODUCT DESCRIPTION	UNIT PRICE
QUANTITY	PRODUCT DESCRIPTION	UNIT PRICE
OBSERVATIONS:	PRODUCT DESCRIPTION	TOTAL
	PRODUCT DESCRIPTION	
	PRODUCT DESCRIPTION	
	PRODUCT DESCRIPTION	

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