	SHIPPER: University of Central Missouri	INVOICE
	NAME:	Invoice Number:
	ADDRESS: 415 E. Clark / PO Box 800	
	CITY: Warrensburg	Invoice Date:
TAX ID/ EIN #:	STATE: MO	
EMAIL ID:	POSTAL CODE: 64093	

SHIP TO:				
SHIP TO: Company Name:				
Address:				
City:				
Postal:				
Country:				
Telephone No.				

## Order Information:

Qty	Product Description Word description NOT part numbers (what is it, what is it made of, used for)	HTC / Schedule B number	Unit cost	Extended Cost
			Subtotal:	
			Tax:	
			Shipping:	
			Grand Total:	

Additional Comments:						