

SALES SLIP
COPY

EXPIRATION
 DATE
CHECKED

SIGN HERE

X

The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

QTY.	CLASS	DESCRIPTION	PRICE	AMOUNT
		175.00		175.00
DATE	AUTHORIZATION		SUB TOTAL	
REFERENCE NO.		SERVER	TAX	
ID-FOLIO / CHECK NO. / LIC. NO. STATE	REG/DEPT	CLERK	TIP MISC.	
6994560			TOTAL	175.00

RETAIN THIS COPY FOR YOUR RECORDS

X 175.00

No S HWT
Rental Unit - Locksmith

(94)

LEO'S PLUMBING, INC.

754 Eastchester Rd.
Wheeling, IL 60090

Office: (847) 217-5505
Fax: (847) 215-0334

To: Soccer Bootz

1515 Central Ave Unit 2608 815-7986
Order Taken by

815 - 7986
ORDER TAKEN BY

100

DESCRIPTION OF WORK

Job of assessing, noticing, and

Stacked - 100

Dear Dr. Wm. C. Brewster

Best - Oct Consistent Treatment

Stack.

1 - Encyclopædia Cestia

David in Gold
1667

1662

TOTAL MATERIAL

WORK ORDERED BY _____
DATE COMPLETED _____

SIGNATURE (I hereby acknowledge the satisfactory completion of the above described work)

THANK YOU!
PAY THIS AMOUNT →
325 =

INVOICE NO. 4500