



**HEAD OFFICE:**

# INVOICE

**BRANCH OFFICE:**

**#6, 2nd Creek View Drive  
Woji, Port Harcourt,  
Rivers State.  
P.O.Box 44**

L.P.O. No.

DAY

MONTH

YEAR

31 01 2022

TO: \_\_\_\_\_

0064

*Goods received in good condition, No refund of money after payment.*

TOTAL N

**Amount in words:**

Sixty four thousand

**Naira**

Kobo

**Customer's Signature**

**Manager's Signature**

