Invoid	ce Insurance C	ourier Service			for	
Messrs.					Invoice No:	
					Date:	
Attn:					Surat Jalan No: Date:	
PO No.					PO Date:	
	Itom No	Description	Unit Drice	04.		Domonico
Code	Item No.	Description	Unit Price	Qty	Amount (Rp)	Remarks
Total						
Ship to:						
•						
				Best Regards		
					-	
			Signed By :			
			- · <u>-</u>	Nam	ne/Signature	