

E. I. DU PONT DE MOURS & COMPANY INCORPORATED

RECEIPTED EXPENSE BILL
MUST ACCOMPANY ALL CHARGES
FOR TRANSPORTATION

DU PONT
S-V. NO. _____

DU PONT
ORDER NO. _____

SHIPPED VIA _____

SELLER'S INVOICE NO. _____ DATE 9/1/94

SHIPPING WEIGHT _____

BOUGHT OF G.H. Deck

F.O.B. _____

STREET AND NO. 506 Schoolhouse Lane

TERMS

____ PER CENT ____ DAYS ____ DAYS NET

CITY AND STATE Shippensburg, PA 19257

QUANTITY	DESCRIPTION	AMOUNT	
	To cancel COD charges & reimburse for postage	\$35	85

CHARGE

1118-8270-500-9200

MATERIAL OR
SERVICES
REC'D BY

CHECKED
BY

APPROVED
BY

PAID

DATE

AMOUNT
OF
BILL

DISCOUNT

NET

\$35 85

RECEIVED OF
E.I. DU PONT DE NEMOURS & CO. thirty five dollars & 85¢ DOLLARS

DATE _____

SIGNATURE
OF PAYEE _____