

Seller's  
Invoice  
Date

Seller's Invoice No. \_\_\_\_\_ Date \_\_\_\_\_

Pay To: Alan Thrasher

Street and No. 30375 211th Street

City **Easton** State **KS** Zip Code **66020**

Vendor Code	
Pmt Method	Check

<b>For Treasury Use Only</b>	
Date Paid	_____
Reference No.	_____
Bank Acct	_____
USD Amt	_____
(If in Foreign Currency)	