INVOICE

Village of Chase PO Box 440 CHASE, BC - V0E 1M0

Phone: (250) 679-3238

Fax: (250) 679-3070

R108176355



Customer Number:

Invoice Number:

Invoice Date:

Customer P.O. No.:

Due Date :

Product	Description	Quantity	Unit Price	Amount
TXCERT	Tax Certificate	1.0000)
<i>.</i>				
5 11 10				
		, the	Total Gross	, , ,

Please return this portion with your payment

Customer Number

GST Registration Number:

Invoice Number

Total Invoice

4422

\$0.00

Invoice Date

GST

Customer Name

Invoice Amount

: . . : 5

Amount Paid

Village of Chase PO Box 440 CHASE, BC - V0E 1M0