

Signature: _____
Printed Name: _____
Signature: _____
Printed Name: _____

TAX INVOICE

LS MT RICHMORE (60333)
DATE: 09-08-24
GRN No. 004320
SHORTAGE
CLAIM No. RETURNS
NO OF CARTONS. CONTENT NOT CHECKED
RECEIVED BY
FULL SIGNATURE: [Signature]
EMPLOYEE No. 3020076
SIGNATURE INVALID UNLESS GRN No. IS QUOTED