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| UA-color-left-med | | | | Receipt | | | | | | | | PURCH-903  3-25-04 |
|  | | | | | | | | | | | | |
| Received From | |  | | | | | | Date |  | | | |
|  | | | | | | | | | | | | |
| **Item** | | | | | |  | **Unit Cost** | | |  | **Total** | |
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| Sub Total | | | | | |  |  | | |  | $0.00 | |
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| Sales Tax | | | | | |  |  | | |  |  | |
|  | | | | | | | | | | | | |
| Grand Total | | | | | |  |  | | |  | $0.00 | |
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| Received in cash | | |  | | In payment of above account which I certify to be correct. | | | | | | | |
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| Firm |  | | | | |  | | | | | | |
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