|  |  |  |
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| UA-color-left-med | Receipt | PURCH-9033-25-04 |
|  |
| Received From |       | Date |       |
|  |
| **Item** |  | **Unit Cost** |  | **Total** |
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|  |
| Sub Total |  |  |  | $0.00 |
|  |
| Sales Tax |  |  |  |       |
|  |
| Grand Total |  |  |  | $0.00 |
|  |
| Received in cash |       | In payment of above account which I certify to be correct. |
|  |
| Firm |       |  |
|  |
| By |       |  |
|  |