# INVOICE

| From: | To: |
|---|---|
| Name: _____ | PDSSN |
| Address: _____ | 4715 Yadkinville Road, #144 |
| _____ | Pfafftown, NC 27040 |
| Phone: _____ | 336-480-8871 |
| Email: _____ | Info.PDSSN@gmail.com |

| Date | Description of Item(s) or Service(s) | Amount |
|---|---|---|
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| | | |
| | Total Amount: | |

| Notes: |
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| Date | Approved By | Check # |
|---|---|---|
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