



Gargoyle Security Inc.

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Invoice

Company _____
 Address _____
 City _____
 State/Province _____ Zip/Postal Code _____
 JOB _____

Invoice Number _____
 Invoice Date _____
 Phone Number _____
 Fax Number _____
 Contact Name _____

| Part No. | Description | Quantity | Unit Price | Amount |
|--|-------------|--|------------|--------|
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| <p style="text-align: center;">Internal Use Only</p> <p>Date Received _____ Amount Received _____</p> | | <p style="text-align: center;">Total</p> | | |
| <p style="text-align: center;">Thank You! We appreciate your business.</p> | | <p style="text-align: center;">State Tax @ _____</p> | | |
| | | <p style="text-align: center;">Federal Tax @ _____</p> | | |
| | | <p style="text-align: center;">Shipping Charge _____</p> | | |
| | | <p style="text-align: center;">Grand Total</p> | | |