## **INVOICE**

DATE : NAME:		_ TO:_ 	A-line Atlantic			
			43 Maple Valley RD. Timco Industrial Mall			
			Corner Brook, NL. A2H 6T3			
	Em		0-771-7633 erations@a	alinegreetings	.com	
DATE SERVICED	CUST#	TIME IN	TIME OUT	TOTAL HRS	HRY RATE	PAYABLE
						_
				TOTAL DUE		
PLEASE NOTE:				NDAY EVENING ed in order for p		processed.
ADDITIONAL NO	DTES					