

<b>ABEABC</b>  5476 45th Ave., Delta, BC V4K 1L4	<b>INVOICE</b>  DATE: _____
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CONTACT	P.O. NUMBER	DATE REQUESTED

DESCRIPTION	UNIT PRICE	AMOUNT
	SUBTOTAL	
	SALES TAX	
	SHIPPING & HANDLING	
	<b>TOTAL DUE</b>	

**Make all checks payable to: ABEABC**  
**If you have any questions concerning this invoice, contact:**  
**Yvonne Chard**  
**Daytime Phone: 604-594-6100**  
**Email: [yhard@deltasd.bc.ca](mailto:yhard@deltasd.bc.ca)**

**THANK YOU!**