		SHIPPER: University of Central M issouri			INVOICE
TAX ID/ EIN #:		STATE: MO			
EMAIL ID:		POSTAL CODE: 64093			
SHIP TO:					
Company Name:					
Address:					
City:					
Postal:					
Country:					
Telephone No.					
Order Information:					
Qty	Word description	ct Description_ on NOT part numbers is it made of, used for)	HTC / Schedule B number	Unit cost	Extended Cost