



Customer or Institution:

in voice.

Executive or Representative:

[____]: _____
Date: _____
Location: _____
Invoice Nr: _____

Phone: _____
Wage: _____
Court: _____
Bus.Reg.: _____

Description:

.....

Pos | Claim

(your Claim towards the Cust./Inst.):

| | |
|----|-------|
| 1 | _____ |
| 2 | _____ |
| 3 | _____ |
| 4 | _____ |
| 5 | _____ |
| 6 | _____ |
| 7 | _____ |
| 8 | _____ |
| 9 | _____ |
| 10 | _____ |

(your justification):

| | |
|----|-------|
| 11 | _____ |
| 12 | _____ |
| 13 | _____ |
| 14 | _____ |
| 15 | _____ |
| 16 | _____ |
| 17 | _____ |
| 18 | _____ |
| 19 | _____ |
| 20 | _____ |

(your charge, want, petition or consequence):

| | |
|----|-------|
| 21 | _____ |
| 22 | _____ |
| 23 | _____ |
| 24 | _____ |

Place, Date, Signature: _____

Thank you for supporting us.

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