

# Anatomy & Cell Biology

# INVOICE

P O Box 100235  
Gainesville, FL 32610  
Phone 352-273-8472 Fax 352-846-1248

<b>DATE:</b>
<b>INVOICE #:</b>
<b>FOR:</b> HSC/Fisher Store Alcohol Order Form

**BILL TO:**

P.I. Name:
Department:
PO Box:
Attention:
Phone:

Product Number	Description	Price	Quantity	Extended Cost
4355226	190 proof, gallon			
4355223	200 proof, gallon			
4355222	200 proof, pint			

**Total:**

Dept ID	Fund	Program	Source	Bud Ref	Flex	EmpID	Project

If you have any questions concerning this invoice, contact:

PJ Heikkila Phone: (352) 273-8472  
Fax: (352) 846-1248  
Email: heikkpj@ufl.edu