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**Lancaster**  
 25 North Queen St., Suite 2  
 Lancaster, Pa 17603  
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Invoice #
Ship #

**PUC# A-0012425**

## COURIER SLIP

FROM	Company Name	TO	Company Name
	Individual Name		Individual Name
	Address		Address
	City State Zip		City State Zip
	Phone		Phone
			Signature

Date	No. Pieces	Return Yes/No	Bill To File #

Remarks	Return Signature	
# to call upon completion of delivery	Delivered by	Time