

CVS Company

601 Main St

State: \_\_\_\_\_

Zip Code: CA 90001

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

### BILL OF SALE

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date	Item	Cost	Price	Quantity	Total
Quantity	Description	Price	Amount		

Received By: \_\_\_\_\_

Signature

Name

Title