

Inventory List

Date: _____

INVOICE # _____

To
Cosa Cura
910 NW Harriman St
Bend, OR 97703
541-312-2279

Name _____

Designer _____

Customer ID _____

Date

Received by

| | | |
|--|--|--|
| | | |
|--|--|--|

Item #/Quantity

Description

Price

| Item #/Quantity | Description | Price |
|-----------------|-------------|-------|
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Please contact us at 541-312-2279 with any questions or comments.