	Vi	rginia Ald	7450 Fr	everage C eight Way nicsville, V		rity	INVOICE#:				
WINE INVO					ICE						
ABC License No:							Date of Invoice:				
Wholesaler:							Date Shipped:	Date Shipped:			
	Address:										
City/State/Zip:							How Shipped				
Retail Li	cense No:		S								
Retaile	er's Name:						Term	Terms - Cash on Delivery			
Address:											
City/State/Zip:							Salesman:				
NO. CASES	NO. BOTTLES	SIZE IN LITERS	CODE NUMBER		BRAND AN	ID TYPE	TOTAL LITERS	CASE PRICE	TOTAL COST		
(TO BE FILLED IN BY RETAIL LICENSEE)					(FOR USE BY WHOLESALE LICENSEE)						
DATE:				- /	Remarks:						
Goods as listed above have been received and cash in full paid therefor on the above date.				sh		CASH □			снеск 🗆		
From:	<u> </u>										
Signed:	(Name of Trar	sportation Co	ompany)				By:				

THIS COPY MUST ACCOMPANY THE MERCHANDISE, BE SIGNED BY RETAILER AND RETURNED AT ONCE TO THE DISTRIBUTOR. A SUMMARY OF ALL TAX-EXEMPT INVOICES ARE TO BE FORWARD TO VA ABC BY THE DISTRIBUTOR UPON COMPLETION OF MONTHLY SALES.

	V	irginia Ald	7450 Fr	everage Co eight Way nicsville, V <i>F</i>				INVOICE #:			
		V	VINE	INVO							
ABC License No:								Date of Invoice:			
Wholesaler:							Date Shipped:				
	Address:										
City/State/Zip:								How Shipped			
SOLD TO Retail License No:											
Retaile	er's Name:							Term	s - Cash on D	elivery	
Address:											
City	/State/Zip:				Salesma				า:		
NO. CASES	NO. BOTTLES	SIZE IN LITERS	CODE NUMBER		BRAND AN	D TYPE		TOTAL LITERS	CASE PRICE	TOTAL COST	
							TOTAL				
(TO BE FILLED IN BY RETAIL LICENSEE)					(FOR USE BY WHOLESALE LICENSEE)						
				Remarks:	ί. 31. 30			7			
Goods as listed above have been received and cash in full paid therefor on the above date.					cash □			снеск □			
From:											
	(Name of Tran	nsportation Co	ompany)								
Signed:							Ву:				

Virginia Alcoholic Beverage Control Authority 7450 Freight Way **INVOICE #:** Mechanicsville, VA 23116 **WINE INVOICE** ABC License No: Date of Invoice: Wholesaler: Date Shipped: Address: How Shipped City/State/Zip: **SOLD TO** Retail License No: Terms - Cash on Delivery Retailer's Name: Address: City/State/Zip: Salesman: TOTAL NO. NO. SIZE IN CODE **BRAND AND TYPE** CASE TOTAL LITERS CASES **BOTTLES LITERS PRICE NUMBER** COST **TOTAL** (TO BE FILLED IN BY RETAIL LICENSEE) (FOR USE BY WHOLESALE LICENSEE) Remarks: DATE: Goods as listed above have been received and cash $\mathsf{CASH} \ \square$ CHECK \square in full paid therefor on the above date. From: (Name of Transportation Company) Signed: By:

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