

Virginia Alcoholic Beverage Control Authority
2901 Hermitage Road
Richmond, VA 23220

INVOICE #:

WINE INVOICE

ABC License No:	Date of Invoice:	
Wholesaler:	Date Shipped:	
Address:	How Shipped:	
City/State/Zip:	Terms - Cash on Delivery	
SOLD TO		
Retail License No:		
Retailer's Name:	Salesman:	
Address:		
City/State/Zip:		

NO. CASES	NO. BOTTLES	SIZE IN LITERS	CODE NUMBER	BRAND AND TYPE	TOTAL LITERS	CASE PRICE	TOTAL COST
TOTAL							

(TO BE FILLED IN BY RETAIL LICENSEE) DATE: Goods as listed above have been received and cash in full paid therefor on the above date.	(FOR USE BY WHOLESALE LICENSEE) Remarks: <div style="text-align: right;"> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> </div>
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From: _____
(Name of Transportation Company)

Signed: _____ 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.

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From: _____
(Name of Transportation Company)

Signed: _____

By: _____

THIS COPY IS FOR THE DISTRIBUTOR'S USE