



# HARRIS COUNTY TAX OFFICE SUBCONTRACTOR SHIPPING INVOICE

DATE: \_\_\_\_\_

SUBCONTRACTOR NAME: \_\_\_\_\_

Sequence Number: S/\_\_\_\_\_

Enclosed are the supplies listed below to be used at your location. Please check these supplies to verify that all materials have been included with your delivery. If you discover any discrepancies, please advise us immediately by calling 713-368-2191.

ITEM	Box	Quantity	From Number	To Number
POS Sticker Paper	_____	_____	_____	_____
Diskettes	_____	_____	_____	_____
Toner	_____	_____	_____	_____
Report Envelopes	_____	_____	_____	_____
Other:	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

STORE STAMP:

Shipped by: \_\_\_\_\_

Approved by: \_\_\_\_\_

Posted by: \_\_\_\_\_

Received by: \_\_\_\_\_

**Must print 3 copies:**

First copy – Subcontractor     Second copy – Location File     Third copy – Inventory Allocation