

Harrisburg / Lemoyne  
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Lancaster  
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Invoice #
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COURIER SLIP PUC# A-0012425

<b>F R O M</b>	Company Name		<b>T O</b>	Company Name			
	Individual Name			Individual Name			
	Address			Address			
	City	State		Zip	City	State	Zip
	*Phone # to call upon completion			Call Confirmed	Phone		
	*Date of Filing			Time of Call	Signature		

Time / Date Stamp	Remarks		
	<b>No. of Pieces</b>	<b>Return Yes/No</b>	<b>Bill To File #</b>
	Delivered by		Time
	Return Signature		Return Date