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| Innovations Color  **IMAGINE! INNOVATIONS RECEIPT**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Date:** |  |  | **Individual Initials:** |  |  |  |  |  |  | | --- | --- | --- | --- | | **Item Description** | **Item Cost** | **Qty** | **Total** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | **Grand Total:** | | |  |  |  |  | | --- | --- | | **Business Name:** |  | | **Business Address:** |  | | **Salesperson Name:** |  | | **Salesperson Signature:** |  | | **Staff/Provider Name:** |  | | **Staff/Provider Signature:** |  | |  | Innovations Color  **IMAGINE! INNOVATIONS RECEIPT**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Date:** |  |  | **Individual Initials:** |  |  |  |  |  |  | | --- | --- | --- | --- | | **Item Description** | **Item Cost** | **Qty** | **Total** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | **Grand Total:** | | |  |  |  |  | | --- | --- | | **Business Name:** |  | | **Business Address:** |  | | **Salesperson Name:** |  | | **Salesperson Signature:** |  | | **Staff/Provider Name:** |  | | **Staff/Provider Signature:** |  | |
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| Innovations Color  **IMAGINE! INNOVATIONS RECEIPT**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Date:** |  |  | **Individual Initials:** |  |  |  |  |  |  | | --- | --- | --- | --- | | **Item Description** | **Item Cost** | **Qty** | **Total** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | **Grand Total:** | | |  |  |  |  | | --- | --- | | **Business Name:** |  | | **Business Address:** |  | | **Salesperson Name:** |  | | **Salesperson Signature:** |  | | **Staff/Provider Name:** |  | | **Staff/Provider Signature:** |  | |  | Innovations Color  **IMAGINE! INNOVATIONS RECEIPT**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Date:** |  |  | **Individual Initials:** |  |  |  |  |  |  | | --- | --- | --- | --- | | **Item Description** | **Item Cost** | **Qty** | **Total** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | **Grand Total:** | | |  |  |  |  | | --- | --- | | **Business Name:** |  | | **Business Address:** |  | | **Salesperson Name:** |  | | **Salesperson Signature:** |  | | **Staff/Provider Name:** |  | | **Staff/Provider Signature:** |  | |