

INVOICE

TO: Address:	The Trinidad and Tobago Rally Club P.O Box 786 Port of Spain Trinidad	Date: _____
FROM: Address:	_____ _____ _____ _____	

Description of Vehicle

MAKE:	_____
MODEL:	_____
YEAR:	_____
CHASSIS #:	_____
ENGINE #:	_____
FUEL:	_____
CC RATING:	_____
RH/LH DRIVE	_____
DOORS:	_____
SEATS:	_____
COLOUR:	_____
TRANSMISSION:	_____

TOTAL COST: <u>US\$</u> _____	
AUTHORIZED SIGNATURE OWNER _____	