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Accessibility Specialists
Serving Texas for Over 20 Years

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RECEIPT

PURCHASE ORDER/JOB NO: _____

DATE: _____

Company/Agency: _____

Address: _____

City, State & Zip: _____

TEAM MEMBER	TDLR EABPRJ/TABS NO.	DATE COMPLETED	TERMS
BB	_____	_____	Paid in Full

PROJECT NAME	DESCRIPTION OF SERVICE	AMOUNT
		\$ _____
TOTAL AMOUNT PAID		\$ _____

If there are any questions please contact Texas Access at (800) 880-6986.

THANKS FOR THE OPPORTUNITY TO SERVE YOU!