NAME	DATE 200
ADDRESS	ORDER NO.
POSTAL CODE	PHONE

QUANTITY	DESCRIPTION	AMOUNT

CLERK | REMARKS:

PURCHASES	
G.S.T.	
SUB-TOTAL	
P.S.T.	
TOTAL	

CASH	CHQ.	DEBIT CARD	PAID OUT	MDSE RET'D	VISA	M-C	AMEX	ON ACCT.

RECEIVED IN GOOD ORDER BY:

03-4-30

Proof P