NAME	DATE 200
ADDRESS	ORDER NO.
POSTAL CODE	PHONE

QUANTITY	DESCRIPTION	AMOUNT

CLERK

REMARKS:

CASH	CHQ.	DEBIT CARD	PAID OUT	MOSE REND	VISA	M-C	AMEX	ON ACCT.
☐	☐	☐	☐	☐	☐	☐	☐	☐

RECEIVED IN GOOD ORDER BY:

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

Proof P

92 47-03