NAME

DATE 200

ADDRESS

ORDER NO.

POSTAL CODE

PHONE ☐ DAY ☐ EVG.

QUANTITY	PART NUMBER	DESCRIPTION	PRICE	AMOUNT

CLERK

REMARKS:

RECEIVED IN GOOD ORDER BY:

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

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

58-05 30

Proof Proof