PURCHASE ORDER ORDER DATE THE ABOVE ORDER NUMBER MUST APPEAR ON ALL CORRESPONDENCE, PACKAGES AND INVOICES.

CHARGE TO		DEPARTMENT	TAX EXEMPT	Ку	F.O.B.	
SHIP VIA		ACKNOWLEDGEMENT SENT	DATE TO BE SHIPPED		COST SHOWN IS	
					FIRM	ES
QUANTITY	HOSPITAL CODE NUMBER	DESCRIPTION OF	TITEMS OR SERVICE		UNIT	TOTAL COST
				¢		
				4	e	
÷ ;						
					-0.4	

NOTICE: Mark all shipments to the Central Receiving Department

BY: