PURCHASE ORDER

To insure prompt payment, vendors must show this order number on all invoices, packages, etc.

NO.

DATE: _

INVENTORY ACCT.

TERMS: ____

LINE NO.	DEPT. & CLASSIFICATION OR CATALOG NO.	ITEM DESCRIPTION	~	UNIT	QUANTITY	UNIT COST	EXTENDED COST
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		IMPORTANT:					

IMPORTANT:

- 1. Please send ____ _ copies of your invoice.
- 2. Order is to be entered in accordance with prices, delivery and specifications shown above.

AUTHORIZED SIGNATURE

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3. Notify us immediately if you are unable to ship as specified. **BRIGGS**Healthcare^{*}

TO: ____