



**TRI-STATE SURGICAL SUPPLY  
& EQUIPMENT LIMITED**

409 HOYT STREET / BROOKLYN, N.Y. 11231  
(718) 624-1000

**PURCHASE ORDER**

No. **327718**

TO:

VENDOR CODE # \_\_\_\_\_

SHIP TO:

CUSTOMER CODE # \_\_\_\_\_

PHONE # ( ) \_\_\_\_\_

ACCT. # \_\_\_\_\_

CUSTOMER P.O. # \_\_\_\_\_

TAKEN BY:

**626-965-3594**

VERIFIED BY: \_\_\_\_\_

DATE	TIME	REFERENCE	FREIGHT <input type="checkbox"/> TS <input type="checkbox"/> VENDOR \$	TERMS	PROMISED DELIVERY	
3-27-78						
QUAN.	CODE	DESCRIPTION	PRODUCT #	PACK	COST	FOR CUSTOMER & B/L #
1						
2	50cs	Gloves, Vinyl FF Med	23			1969
3	50cs	Gloves, Vinyl PF LG				1969
4	40cs	40x48 Liners	CL404814			1825
5	40cs	24x24	CL42406			1015
6	40cs	T. Tissue	* 4603			2508
7	5cs	Dinner Napkins	4832			
8	50cs	Tissues	4800			1
9	20cs	Roll Towels	4786			2322
10	80cs	Wet Wipes	4913			
11						
12						
13						
14						
15						
16						
17						
18						

NOTE: Purchase Order Number Must Appear on all Packages and Invoices!  
Kindly acknowledge this order confirming PRICE, F.O.B. POINT and date  
when you anticipate shipping.  
Original bill of lading must accompany all shipments.  
If partial shipment of this order is made, notify  
us promptly when you will complete.

PLACED BY: \_\_\_\_\_

FOR: \_\_\_\_\_