

Invoice 194091

GRELAN

Customer TRISTA

18999 Railroad Street, City of Industry, CA 91748-1322 Tel: (626)965-1588 Fax: (626)965-3599

Bill To:

TRI-STATE SURGICAL SUPPLY *e 409 HOYT STREET BROOKLYN, NY 11231 Ship To:

TRI-STATE SURGICAL SUPPLY 4341 DISTRICT BLVD VERNON, CA 90058

Date Ship 03/27/18 WILL		Via	Via F.O.B.		Terms			
			Origin NET 3					
Purchase Order Number 32718 Quantity Ordered Ship B.O.		Order Date	Salesperson WC		Our Order Number None			
		03/27/18 — Item Number						
			Description			Unit Price	Amount	
50 — 50	Б.О.	2303	DURASAFE VINYL	PF EXAM M, 1000PC/CS	N	19.69	984.5	
50 50		2304	DURASAFE VINYL	PF EXAM L, 1000PC/CS	N	19.69	984.5	
40-1 40		CL404814	CAN LINER 40X48	14-MIC 25PCX10/CASE	N	18.25	730.0	
40 / 40		CL242406	CAN LINER 24X24 6-MIC 50PCX20/CASE			10.15	406.0	
40 40		4603	TOILET BATH TISSUE 96 ROLLS/CASE			25.08	1003.2	
5 / 5		4832	DINNER NAPKINS 2PLY WHITE 20X150			22.11	110.5	
50 50		4800	FACIAL TISSUE 2-PLY 30x100/CASE			9.57	478.5	
20 / 20		4786	LAVENDER ROLL TOWELS 600'/R, 12R/CS			23.72	474.4	
80 / 80		4913	PREMOISTENED V	VASHCLOTH 48PK/12PK/CS	N	13.96	1116.8	
			4/3/18 Jorge	Protes Joyge	S	riel		

All returned checks are subjected to a \$20.00 service charge. If this invoice is not paid in full when due, a 1.5% per month late charge will be imposed. Purchaser also agrees to pay all cost of collection, including

a 1.5% per month late charge will be imposed. Purchaser also agrees to pay all cost of collection, including but not limited to reasonable attorney's fees and court cost.

No credit will be issued or payment deduction allowed for freight claims and/or quantity shortages discovered after signing complete on the delivery receipt. No goods will be accepted for credit unless returned with written permission. No returns will be accepted after 30 days from the date of shipment. All authoried returns are subject to 15% restocking charge.

NonTaxable Subtotal Taxable Subtotal Tax Total 6288.45 0.00 0.00



TRI-STATE SURGICAL SUPPLY & EQUIPMENT LIMITED

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

PURCHASE ORDER

No.327718

TO: VENDOR CODE #					SHIP TO:			CUSTON	CUSTOMER CODE #		
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PHONE # (-) ACCT. #					OUOTOMED DO III						
TAKEN BY: (016-965-3594						CUSTOMER RO. # VERIFIED BY:					
2	27	-[8 TIME	REFERENCE	FREIGHT ,□TS □VE	ENDER \$.		TERMS		PROMISED DELIVERY		
	QUAN.	CODE	D	ESCRIPTION		PRODUCT #	PACK	COST	FOR CUSTOMER & B/L #		
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2	500	5	Glads Viny	IFF Med	1	23			1969		
3	50	>	Clas viny	PF 167/	•	•		*	1969		
·4	40	:5	40x48 1	iners		CL40481	-		1825		
5	40	3	24/24			CL244240	6-		10 15		
6	40	5	T. 7.55	ie	*	4603			2508		
7	5	Cラ	Digres	Napkins		48321					
8	5 (00>	TISSUES	•		48001			f:		
9	20	(2)	foll To	uels		47861			2322		
10	80	(5	bet wis	res		4913					
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NOT (ind wher	E: Purchas ly acknowl n you antic	e Order Number Mu edge this order conf ipate shipping.	st Appear on all Packages and irming PRICE, F.O.B. POINT an	Invoices! d date	L	PLACED BY:					
f pai	tial shipme omptly wh	ading must accompa ent of this order is me en you will complete	any all shipments. ade, notify e.			FOR:					