PURCHASE ORDER

**PO #:** 44152

Our PO number must appear on all related correspondence, shipping papers and invoices.

Buyer **Charlie Aho**

Phone

**Invoice To**

**WAVERLEY SURGERY CENTER 400 FOREST AVE**

**PALO ALTO, CA 94301**

Phone **650-289-1624** Fax **650-289-1630**

(650) 324-0600

Ext

Email [caho@waverleysurgery.com](mailto:caho@waverleysurgery.com)

Vendor Ship To

WAVERLEY SURGERY CENTER 400 FOREST AVE

PALO ALTO, CA 94301

Contact **Charlie Aho**

Phone **650-289-1624** Fax **650-289-1630**

Ship-to Account **43455**

Steris Corporation 5960 Heisley Road

Mentor, Oh 44060

Contact **Customer Service**

Phone **800-548-4873** Fax **440.639.4450**

Bill-to Account

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **P.O. DATE** | **DATE EXPECTED** | **SHIPPED VIA** | **F.O.B. POINT** | **TERMS** |
| 7/20/2019 |  |  |  |  |

PO Number: 44151 Page 1

Line Vendor Item No Inventory No Description Quantity Unit Price Total

1 SC1362\_A 3400 Filter Cartridge Disp.

Sterion

Presoak & Cleaner\_A

1 CAS 210.33 20103.3

2 1C3310\_A 19849

Notes

Prolystica 2x Concentrate 2.5gallon\_A

1 BX 106.97 106.97

Authorized Signature Date

|  |  |
| --- | --- |
| SUBTOTAL | 20210.27 |
| DISCOUNT | 0.00 |
| SALES TAX | 0.00 |
| SHIPPING | 0.00 |
| TOTAL | 20210.27 |