

Stn B

Sold to:

Remit to:

Invoice

PAGE: 1 / 1 INVOICE NO: 26835751 INVOICE DATE: 2017/10/13

Johnson & Johnson Distribution Inc

Stn B

890 Woodlawn Rd W

Guelph ON N1K 1A5 Shipped from:

Ship to:

Guelph ON N1K 1A5 Sobeys West Inc.

890 Woodlawn Rd W

**Safeway Operations** PO Box 484 Station M Calgary AB T2P 2J1

Johnson & Johnson Distribution Inc

|                      | algary AD 121 |                         |                            |                                |                          |                   |                        |  |  |
|----------------------|---------------|-------------------------|----------------------------|--------------------------------|--------------------------|-------------------|------------------------|--|--|
| Customer No. 5200442 |               | Ship Date<br>2017/10/13 | Invoice Date<br>2017/10/13 | Sales Person                   | Route                    | Route FOB Guelph  |                        |  |  |
| Special Instruction  | S             |                         |                            | GST Registration # 817 093 735 | Terms Pay Immediately (C | he                | Customer PO 0000284040 |  |  |
| Total Pieces<br>0    | Total C       | ases                    | Total Weight<br>0.000      | Total Cube<br>0.000            | Net Invoice<br>1,000.00  | Total Tax<br>0.00 | Total Do<br>1,000.0    |  |  |

| Qua  | antity | Sales | Article |                |  | Billing  |        |     |     |     |          | Retail |         | Order |       |          |
|------|--------|-------|---------|----------------|--|----------|--------|-----|-----|-----|----------|--------|---------|-------|-------|----------|
| Ord. | Ship   | UOM   | Number  | EAN/UPC        | Description                              | Quantity | Price  | EHC | Dep | иом | Amount   | Tax    | HST/GST | Price | LBS   | Num.     |
| 1    | 0      |       | 212254  | 00064541319922 | Tylenol Muscle Aches&Body Pain 8X6X110EA | 1.000    | 250.00 |     |     | EA  | 250.00   |        |         |       | 0.000 | 11934177 |
| 1    | 0      |       | 254869  | 00062600946621 | Tylenol ES EZ Tabs 6X4X230EA             | 1.000    | 250.00 |     |     | EA  | 250.00   |        |         |       | 0.000 | 11934177 |
| 1    | 0      |       | 323224  | 00062600960740 | Tylenol Nighttime ES 8X6X40EA            | 1.000    | 250.00 |     |     | EA  | 250.00   | ļ      |         |       | 0.000 | 11934177 |
| 1    | 0      |       | 436081  | 00064541312985 | Tylenol EZ Tabs Ultra Relief 8X6X120EA   | 1.000    | 250.00 |     |     | EA  | 250.00   |        |         |       | 0.000 | 11934177 |
|      |        |       |         |                |  | '        |        |     |     |     |          |        |         |       |       |          |
|      |        |       |         |                | Net Invoice                              |          |        |     |     |     | 1,000.00 |        |         |       |       |          |
|      |        |       | ,       |                | Total Lump Sum                           |          | ,      |     |     |     | 1,000.00 |        |         |       | ,     |          |
|      |        |       |         |                | Total Lump Gum                           |          |        |     |     |     | 1,000.00 |        |         |       |       |          |
|      |        |       |         |                | Fill Rate %                              |          |        |     |     | 1 1 |          | 1      |         |       | 1     |          |
|      |        |       |         |                | Total Due                                |          |        |     |     |     | 1,000.00 |        |         |       |       |          |
|      |        |       | ı       |                |  | 1        | ĺ      | 1   |     |     |          | 1      |         |       | 1     |          |
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|      | '      |       |         |                |  | 1        |        | '   |     |     |          |        |         | '     | ,     |          |
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|      |        |       |         | 1              |  |          |        |     |     |     |          |        |         |       |       |          |
| L    |        |       |         |                |  |          |        |     |     |     |          |        |         |       |       |          |