

Peak Wellness Center Jan 2 2019 5,000 Appt Cards Psych Services 510 W 29th
 1jn8349 7-18-2017 5,000 c 12050+f1197 s20178+f1200 PMP I=1948021 7-26-2017

8636
 EXEMPT

FOR USE BY CHRISTIE PRINTING

Complete: 1-31-2019
 Billed: 1-11-2018
 Entered A/R & Ledger: 1-11-2018
 Delivered: 1-11-2018 # 579116
 Received: 1-11-2018

Christie Printing Service

P.O. Box 3057 | Cheyenne, WY 82003-3057

Phone: 630.464.9391 | email: CPrint@ChristiePrinting.com

Purchase Order No. **8636**


TO: Pepperdines – RON BOLAND 709 Umatilla St. Denver, CO 80204		INVOICE TO: Christie Printing 5711 Osage Ave., Suite C Cheyenne, WY 82009		SHIP TO: Christie Printing 5711 Osage Ave., Suite C Cheyenne, WY 82009	
ORDER DATE 1-2-2019	DATE REQUIRED	SHIP VIA Deliver to Christie Printing in Cheyenne.		F.O.B.	
Terms	Quote 15461 approved 1-2-2019			For Resale Yes	For Use
QUANTITY		PLEASE SUPPLY ITEMS LISTED BELOW		UNIT	PRICE
ORDERED 5,000	UNIT each	Appointment Cards • For o Laramie County Psychiatric Services o 510 W. 29th Street, Cheyenne WY • Finished size: 3.5" x 2.0" • 100# White Cougar Cover • Color, CMYK, flat, Font Colors and Font style/size per example that we mailed to you. • See logo that we emailed to you. This is an exact reorder of Pepperdines' Invoice 1948021 dated 7-26-2017. And Christie Printing's PO8349 dated 7-18-2017.			\$123.80 \$19.80 ship est.

IMPORTANT
 Our Purchase Order Number **MUST** appear on invoices from you to us, packages & correspondence.
 Acknowledge if unable to deliver by date required.

BY: Cynthia L. Duke

COST		PRICE *** Exempt ***	
\$123.80 \$143.60 freight <u>2.11</u> <u>130.91</u> I= <u>1978779</u> Date: <u>1-11-2019</u> Paid ck #: <u>5960</u> Date: <u>2-11-2019</u> Cynthia Notes: Reorder Inquiry 7-1-2020		Deliver cards and Invoice to: Janet Justice @ 510 W 29th \$201.78 \$ 15.00 freight \$216.78 EXEMPT \$216.78 Paid <u>1-29-2019</u> CK# <u>67560</u>	



Laramie County Psychiatric Services 
510 West 29th Street
Cheyenne, WY 82001 **307.637.3953**

Your Appointments

On: _____ At: _____	On: _____ At: _____
With: _____	With: _____

Please call one day in advance if unable to keep your appointment in order to avoid a charge for a missed appointment.