Peak Wellness Center Apr 30 2019 1,000 Torrington WY Appt Cards

likejn8519 4-18-2018 1,000 c3060+f1450 s3640+f1700 PMP I=1964412 4-20-2018

8690
EXEMPT

R8794
10-4-2019

FOR USE BY CHRISTIE PRINTING

Complete: 5-23-2019

Billed: 5-9-2019

Entered A/R & Ledger: 5-9-2019

Delivered: 5-9-2019 # 579149

Received: 5-9-2019 pickup@UPS

Christie Printing Service
P.O. Box 3057 | Cheyenne, WY 82003-3057
Phone: 630.464.9391 | email : CPrint@ChristiePrinting.com

Purchase Order No. 8690

TO:	INVOICE TO:	SHIP TO:
Pepperdine's RON BOLAND 709 Umatilla St. Denver, CO 80204	Christie Printing 5711 Osage Ave., Suite C Cheyenne, WY 82009	Christie Printing 5711 Osage Ave., Suite C Cheyenne, WY 82009

ORDER DATE	DATE REQUIRED	SHIP VIA	F.O.B.	
5/2/2019		Ship cheapest way and add to our invoice.	For Resale Yes	For Use
Terms	QUOTE 12572 approved 4-16-2018			

QUANTITY ORDERED	UNIT	PLEASE SUPPLY ITEMS LISTED BELOW	UNIT	PRICE
1,000	each	Please provide a proof for approval prior to processing. Approved 2May2019 ▪ Add Goshen County Clinic as shown on draft ▪ Finished size: 3.5" x 2.0" ▪ 100# White Cougar Cover ▪ Print on 1 side only ▪ Color, CMYK, flat, Font Colors and Font style/size per example that we are mailing to you. ▪ See logo that we emailed to you. ▪ Ship to customer in Torrington. Show Christie Printing as shipper on return address. **Except for adding the clinic's name this is like PMP's invoice 1964412 dated 4-20-2018 and Christie Printing's previous PO# 8519 dated 4-18-2018.**		$30.60 $ 8.00 USPS

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

$ 30.60
$ 8.00 freight
$ 38.60

I= 1985029 Date: 5-7-2019
Paid ck #: 5991 Date: 5-30-2019
Reorder Inquiry: 4-15-2020

PRICE * Exempt *****

Deliver cards and Invoice to: Trenda

$36.40
$17.00 freight
$53.40
EXEMPT
$53.40

Paid 5-17-2019 **Ck#** 68301

Peak wellness|center

Goshen County Clinic
501 Albany Avenue
Torrington, WY 82240-1503

307.532.4091

Your Appointment is

On: _____ At: _____

With: _____

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