Black Cat (Crane) June 29 2020 250 Work Order forms (white) 1jn8315 5-19-2017 250 c6790+f1121 s146.04+f1500 PMP I=1944962 6-6-2017

ervice Christie Printing

Christie Printing Service

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

Phone: 630.464.9391 | email: CPrint@ChristiePrinting.com

FOR USE BY CHRISTIE PRINTING

Complete: 7-16-2020

Billed: 7-10-2020

Entered: 7-10-2020 Delivered: 7-10-2020# 519 284

Received: 7-9-2020

TO:

Pepperdines: RONALD BOLAND

790 Umatilla St Denver, CO 80204 **INVOICE TO:**

Christie Printing Services 5711 Osage Ave., Suite C Cheyenne, WY 82009 SHIP TO:

Christie Printing Services 5711 Osage Ave., Suite C Cheyenne, WY 82009

Purchase Order No. 8903 ORDER DATE **NEED BY SHIP VIA** F.O.B. 7-1-2020 Cheapest way; Prepaid and add to our invoice. **Terms Quote** 20547 For Resale For Use Please combine with other orders to save on freight. approved 1Jul2020 Yes No QUANTITY PLEASE SUPPLY THE ITEMS LISTED BELOW UNIT ORDERED PRICE UNIT Each Provide a Quote for approval prior to processing. 2 part Work Order forms Black Ink Both parts WHITE 5-1/2 x 8-1/2 chem cbls Number starting at 751, in black ink in upper right corner Both parts alike Fan-A-Part padded at top Shrink wrap 250 sets per package. We'll deduct \$60 from our payment if not shrink wrapped. Except for the starting number, this is an exact reorder of PMP's previous Invoice 1944962 6-6-2017 and Christie Printing's previous PO8315 dated 5-15-2017. Acknowledge if unable to deliver by date required. Cynthia L Duke

COST **PRICE** \$136.80 Deliver to Meagan Herrington at Puma Steel. \$ 12.10 freight \$166.37 \$148.90 \$ 15.00 freight dated: 7-9-2020 dated: 8-7-7020 Invoice #: 200 | 953 6% Sales Tax 9.98 Paid ck #: 6047 \$191.35 Paid: 191.35 Ck#: 8851



Black Cat LLC Crane Services



Work Order # 9751

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horize the				
	employees of Bla	ack Cat LLC to mov	e their equ	uipment
		proved surfaces a		
do hereb	y release Black C	at LLC from liabilit	y for any d	amages
to the abo	ove mentioned su	rfaces because of	equipmen	t movement.
		Boom Longth		
Unit #:Operator:				
Oiler:				
nc				
Date	Move Time	Boom Time	Total	Man Trave
Date	Straight	Overtime		
		Total Hours		
Ву:			_ Date:	
	ment:_ ne:_ Date	ment:	Boom Length: Jig Length: Required Size ment: Date	Boom Length: