Tyrrell Jul 2 2021 500 4-part We Owe form 65D-1 1jn8987 2-9-2021 600 c37884+f750 s45600+f4600 Modern I=34224 2-26-2021

Christie Printing Service

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

Phone: 630.464.9391 | email : <u>CPrint@ChristiePrinting.com</u>

Modern Printing - BRIAN FLOROM P.O. Box 1125 Laramie, WY 82070

FOR USE BY CHRISTIE PRINTING

Complete: <u>9-26-2021</u>

Billed: 7-12-2021

Entered: 7-12

Delivered: 7-12-2021 #579384

Received: 7-12-2021

**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. 9033

ORDER DATE 7-2-2021		SHIP VIA Cheapest way; Prepaid and add to our invoice.	F.O.B.	
Terms	<b>QUOTE</b> 4972 30Apr2020		For Resale Yes	For Use
QUANTITY		DI EACE OHOTE ITEMS LISTED DELON	FINITED	DDICE
QUOTE	UNIT	PLEASE QUOTE ITEMS LISTED BELOW	UNIT	PRICE
500 exactly	sets	<ul> <li>4-part We Owe 65D-1 forms</li> <li>Top stub snaps</li> <li>Detached size: 8-1/2 x 7. Overall: 8-1/2 x 7-3/4</li> <li>All parts in BLACK ink on 15 lb. Register Bond</li> <li>Four parts: White, Canary, Pink &amp; Goldenrod</li> <li>Use carbonless paper</li> <li>Shrink wrap 50 forms per package</li> <li>Except for the slight quantity reduction, this is an exact reorder of Modern Printing's previous invoice 34224 dated 2-26-2021 and Christie Printing's previous PO8987 dated 2-9-2021.</li> </ul>		\$325.93 <=\$15.00 ship
A almondadas if unal	BY: Cynthia & Duke			
Acknowledge if unal Please refer to our P	BY:			

**COST** \$325.93 \$ 15.00 Freight \$340.93

\_dated: 7-13 - 2021 Paid date: 4-6-2021Ck#: 6424

Note for Cynthia: Reorder inquiry 12/2/2021

PRICE
On Invoice refer to Tyrrell's PO 39519. Deliver to Cathy Thelen

\$380.00

\$ 20.00 Freight

\$400.00

\$ 22.80 6% tax \$422.80

Paid date: 8-26-2021 Check #: 60368

| BOX/10 SW PRGS/50 FORMS EA RECEIVED & DELINERED W/ P09034



1919 Westland Road Cheyenne, WY 82001 307-634-1924

3609 Grand Avenue Laramie, WY 82070 307-745-7315

## WE OWE

		we or	R.O. 9	#
Name		Stk #	New	Used
Address		Year	Make	
City	State	Zip	Model	
Phone	*		Serial No.	
	Salesman		Del. Date	
QTY.		NAME	E OF ITEM	
DATE OF DEPARTME	cept this WE-OWE with the und ISSUANCE, and that I must r ENT before the above work can DINTMENT CALL SERVICE DEF	Sales Mgr.		
				Service Mgr.
				Parts
Customer_				Date