

P U R C H A S E O R D E R

PAGE: 1

**The City of
NORMAN**INVOICE TO:
City of Norman
CITY MANAGER OFFICE
201 WEST GRAY STREET
NORMAN, OK 73069

P.O. #: 222427

DATE: 10/03/12

VENDOR #
896HEALTH FOR FRIENDS INC
P O BOX 1224
NORMAN, OK 73070SHIP TO:
City of Norman
CITY MANAGER OFFICE
201 WEST GRAY STREET
NORMAN, OK 73069DELIVER BY: 11/01/12 SHIP VIA:
BEST WAYF.O.B.
DESTINATIONTERMS
NET/30

CONFIRM BY

FREIGHT

ACCOUNT NO.
01010874114741REQUISITIONED BY
COLES, CREQ. NO. REQ. DATE
207807 10/02/12

LINE#	QUANTITY	UOM	ITEM NO. AND DESCRIPTION	UNIT COST	EXTENDED COST
1	1.00	EA	SOCIAL SERVICE FUNDING	15000.0000	15000.00
SUB-TOTAL					15000.00
TOTAL					15000.00