

KEY LARGO FIRE RESCUE & EMS DISTRICT CHECK REQUEST KEY LARGO EMS



VENDOR		DATE: _	03-12-1	2
STADRI EMBLE	ms			
CHECK DISPOSITION				
Mail:x Hol	d for Pickup:	Return to	Staff:	-
Invoice #	Account Num			mount
87696	1461300526	5/0.30		217.50
3/1				
		TOTAL \$:	21	17.50
DESCRIPTION:				
	27 2			
DEPARTMENT HEAD A	APPROVAL	BOARD A	PPROVAL	
Denate Bal	3/12/12		/	
Jurelatt Sulm	im_	4 4 0010	<i>A</i> / -	
Finance Dept Use Only:	Date Received: Note: Not	nd Approval:		_

Stadri Emblems, Inc. 1760 Glasco Tpke. Woodstock, NY 12498-



Invoice # 87696 Phone: 800-679-7909

Fax: 845-679-6649

E-Mail: Sales@StadriEmblems.com

KEY LARGO VOL AMBULANCE 98600 OVERSEAS HWY KEY LARGO, FL 33037 Att: BETSY GANNAWAY Ship To:

KEY LARGO VOL AMBULANCE 98600 OVERSEAS HWY KEY LARGO, FL 33037

Ship Date: 3/7/2012 Ordered By: BETSY EL KOURY

Order Date: 2/13/2012 PO Number:

Order ID: 87696 Customer ID: 5771

L	Oruer 1D: 8/090	Customer ID: 37/1			
	Description	Quantity	Unit Price	Discount	Line Total
	PATCHES	100	\$2.03	0.00%	\$203.00
	KEY LARGO VOL AL	MBULANCE 14	457		
				Subtotal	\$203.00
				Sales Tax	\$0.00
			Shipping	g and Handling	\$14.50
				RushCharge	\$0.00
				Order Total	\$217.50
			,	Total Payments	
				Total Due	\$217.50

Be sure to visit our website at www.stadriemblems.com for weekly specials! Thank you for your order.

Please return the section below with your payment.

KEY LARGO VOL AMBULANO	C Credit Card Information:	
98600 OVERSEAS HWY	Master Card Visa Billing	Zin Code:
KEY LARGO, FL 33037-	Credit Card #	Zip couc.
Att: BETSY GANNAWAY	Exp. Date: / / Name on C	Cand. Diss
If paying by Check:	Enter the control of	Jara: Print
Check Number:	CCV#:	Sign
Amount:	Credit Card Billing Address:	
Make Checks Payble to:	If Different from Company Address shown	
Stadri Emblems, Inc.	a	
1760 Glasco Tpke.	Invoice # 87696	Due Date: 4/6/2012
Woodstock, NY 12498-	Invoice Date: 3/7/2012	Total Due: \$217.50