PURCHASE ORDER

PO # :	Inv # :	Date:

Vendor: Phone: Fax:	Ship To:

Item #	Description	Quantity	Unit Price	Cost
			Subtotal:	
			Shipping:	
			GST 5%:	
			Exchange:	
			TOTAL: $	

SUBMIT INVOICES TO:
CHEK Across BC
810-10th Street, Nelson BC, V1L 3C7
Phone: 250-352-0526, Fax: 250-352-0546
resources@chekabc.ca