WINANS PAPER COMPANY

McSHANE PACKAGING

AC/NO.

PURCHASE CONTROL		
WINANS P.O. NO.	P.O. DATE	SUPPLIER

DATE ___/___/___

CREDIT

SOLD TO

SHIP TO

ORDER NUMBER

PURCHASED BY: _____

ATTN: _____

CUSTOMER PO #	F.O.B.	TERMS	SALESMAN	REQ. DATE	SHIP VIA	DIRECT	ORDER

NO.	QUAN. ORD.	UNIT	ITEM NUMBER	DESCRIPTION	TAX	PRICE	COST
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							

REMARKS _____

WRITTEN BY _____

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