MISSOURI VOCATIONAL ENTERPRISES
ORDER ACKNOWLEDGEMENT

JOB NO. _____

DATE : _____ P.O. NO. : _____

CUSTOMER : _____ SHIP TO : _____

ADDRESS :: _____ ADDRESS : _____

_____ _____

CITY,ST,ZIP : _____ CITY,ST,ZIP : _____

DEPT. HEAD : _____ PHONE # : _____

VERBAL ☐ TELEPHONE ☐ EMPLOYEE SALE ☐ SALESPERSON: _____

ITEM #	CATALOG #	ARTICLES OR SERVICES	COLOR	QTY.	UNIT OF MEASURE	UNIT PRICE	TOTAL PRICE

Do Not send Payment with your order, please wait to be invoiced.

TOTAL _____

COMMENTS:

FILE# _____

DISTRIBUTION