



INVOICE NO.

CUSTOMER NO.

Any Food Distributor, Inc.

BILL TO:

SHIP TO:

| DATE | | SHIP VIA | | F.O.B. | | TERMS | |
|-----------------------|---------|----------|------------|-------------|--------------|------------|------------------|
| PURCHASE ORDER NUMBER | | | ORDER DATE | | SALES PERSON | | OUR ORDER NUMBER |
| QUANTITY | | ITEM | | DESCRIPTION | | UNIT PRICE | EXTENDED PRICE |
| QTY. REQ. | SHIPPED | U/M | NUMBER | | | | |
| <h1>Type EI</h1> | | | | | | | |