



Any Food Distributor, Inc.

Invoice#	231510A
Invoice Date	01/31/14
PO#	Verbal
Payment Due	02/07/14

BILL TO:

PUNKY'S PIZZA, PASTA & MORE
 2600 S. WALLACE
 NEW YORK, NY 01616
 VINCENT
 Tel:(212) 842-2100 Fax:(212) 842-2102

SHIP TO:

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 2600 S. WALLACE
 NEW YORK, NY 01616
 VINCENT
 Tel:(212) 842-2100 Fax:(212) 842-2102

Customer No.	Salesperson	Route	Order Date	Ship Date	Terms
PUNCHI	Chris Anatra	MAIN	01/31/14	01/31/14	7 DAYS

Item No.	Qty. Shipped	Description	Pack Size	Billing Units	UOM	Unit Price	Extended Amt
10398	100.00	SOUR CREAM LIGHT	1/30#	100	PAIL	28.98	2898.00
10502	100.00	SWETENED CONDENSED MILK	24/14 O	100	CASE	29.76	2976.00
10532	1.00	BERK RACK OF PORK CH OFF	36/1 #	36.00	CASE	2.03	73.08
10532	1.00	BERK RACK OF PORK CH OFF	36/1 #	36.00	CASE	2.03	73.08
10570	100.00	BUTTER GARLIC	4/4 #	100	CASE	29.49	2949.00
12160	1.00	AVOCADO HASS RIPE LARGE 8X1#	8/CASE	1	CASE	32.45	32.45
				*** FUEL SURCHARGE ***			5.00
*** Payment Due by 02/07/14 ***							

Type JO

REEFER TEMPERATURE AT DELIVERY: _____

Total Cases: 303	Total Pounds: 7252.00	Sales Tax: 0.00
		Total Invoice: 9006.61

Overdue invoices are subject to a late payment charge of 1.5% per month (annual rate of 18%) on any unpaid balances. In the event of payment default, Purchaser agrees to pay all cost of collection and legal fees.

Examine this entire order and inspect products before signing below. This signed invoice constitutes proof that all product has been delivered in acceptable condition. No claims will be honored without driver verification. Returns must be made within 24 hours of receipt of product in order to receive credit. Short weight claims must be made immediately upon the receipt. Returned check fee \$25. Please make all checks payable to [redacted]. Thank you for your business. Please visit us on the web at [www.\[redacted\].com](http://www.[redacted].com)

RECEIVING SIGNATURE: _____

CUSTOMER