



CUST # 54478	SALES REP 123, Bill Wray	P.O.# LAURA	DATE 07/20/20
INSTRUCTIONS		SHIP VIA MissionTruck	PAGE 1

QUOTATION**QUOTATION*****QUOTATION*****QUOTATION*****QUOTATION*****QUOTATION***

Bill To: St. Madeline Sophie's
 2119 East Madison Avenue
 El Cajon, CA 92019-1111

Ship To: St. Madeline Sophie's
 2119 East Madison Avenue
 El Cajon, CA 92019-1111

LINE	ITEM NUMBER	DESCRIPTION / COMMENTS	U/M	QUANTITY	UNIT PRICE	AMOUNT
1	808644S	NGPF7001 Nitrile PowderFree Exam Glove Sm 100bx	PK	1	15.65	15.65
2	808644M	NGPF7002 Nitrile PowderFree Exam Glove Md 100bx	PK	1	16.88	16.88
3	808644L	NGPF7003 Nitrile PowderFree Exam Glove Lg 100bx	PK	1	16.88	16.88
4	808644X	NGPF7004 Nitrile PowderFree Exam Glove XL 100pk	PK	1	15.65	15.65
5	80009S	VSM200 PF Vinyl PowderFree, Small 10/100pk	CS	1	68.75	68.75
6	80009M	VMD200 PF Vinyl PowderFree, Medium 10/100pk	CS	1	68.75	68.75
7	80009L	VLG200 PF Vinyl PowderFree, Large 10/100pk	CS	1	68.75	68.75
8	80009X	VXLG 200 PF Vinyl PowderFree, X-Large 10/	CS	1	68.75	68.75
9	834021	Liquid Hand Sanitizer32oz	EA	1	12.50	12.50
10	52026	Dr Yerma Instant Hand San Gel 70% Alc 500mil/40c	EA	1	10.00	10.00

MIN DEL FEE	FREIGHT IN	FREIGHT OUT	SALES TAX	29.91	SUB TOTAL	362.56
Quotation Total (US\$)					392.47	

THIS QUOTATION IS VALID FOR 30 DAYS FROM QUOTATION DATE. TERMS: Net 30 days from invoice date unless otherwise specified. Customer agrees to pay a service charge of 1-1/2% per month, a true rate of 18% per annum on any amount past due and to pay reasonable attorney's fees if it becomes necessary to file suit to enforce collection. Accounts past due may be placed on a COD basis without notice. A \$25 fee will be charged for returned checks. Special orders may not be returned or payment refunded. No items will be accepted for return without authorization. All returns are subject to a restocking charge plus any freight charges incurred. Orders below minimum level are subject to a delivery charge. All prices subject to applicable taxes.

Thank You! We Look Forward To Working With Your Organization In The Future.

Approved by: _____ Date: ____/____/____
 Print Name Signature