

PURCHASE ORDER

No. _____

TO 6413 Willoghuby LLC	DATE 1/28/16
ADDRESS 643 1/2 + 6415	DATE REQUIRED
CITY, STATE, ZIP L.A CA 90038	TERMS
SHIP TO	HOW SHIPPED
ADDRESS	REQ. NO. OR DEPT.
CITY, STATE, ZIP	FOR

QUANTITY	DESCRIPTION	PRICE	UNIT
1	6413 1/2 Breaking dry wall to locate leak + repair temporarily.		
2			
3	Replace skylight.		
4	6415 Apply silicon in balcony due to leak in pantry.		
5			
6	Repair dry wall + paint		
7	Parts + labor	\$585-	
8			
9			
10			
11			
12			

<p>IMPORTANT</p> <p>PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES-PACKAGES, ETC. PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO COMPLETE ORDER BY DATE SPECIFIED.</p>	<p>PLEASE SEND INVOICE WITH ORIGINAL PURCHASE ORDER</p>
	<p>PURCHASING AGENT</p>

ORIGINAL