

ORDER CONFIRMATION

Order : 1234567
Facility Name: Your Facility
Date : 1/1/2020
Department : Dietary

VENDOR 123.456.7890		PO # ABC123	Delivery Date: 1/2/2020	
1133	Creamer, Non Dairy, PC, 400/Box	Case	2.00	52
1150	Half and Half, Quart, Each	Each	6.00	550
1203	Juice, Cup, Apple 72/4 oz	Case	2.00	311
1204	Juice, Cup, Cranberry, 72/4 oz	Case	2.00	317
1206	Juice, Cup, Orange, 72/4 oz	Case	3.00	310
1151	Milk, Lactaid, Quart, Each	Each	6.00	2277
1156	Milk, Skim, 4 oz, Each	Each	225.00	6021
1157	Milk, Skim, 8 oz, Each	Each	140.00	20
1152	Milk, Whole, 4 oz, Each	Each	375.00	6287
1154	Milk, Whole, 8 oz, Each	Each	140.00	7
1153	Milk, Whole, Gallon, Each	Each	4.00	2