**Invoice Voucher**

**ILLINOIS STATE BOARD OF EDUCATION**

**100 NORTH FIRST STREET**

**SPRINGFIELD, IL 62777**

**OCT 21 2010**

1. Name and Location of State Agency or Institution

2. Taxpayer Identification Number: 00021205

3. Vendor or Payee:

   **BARNES, JOSEPH**
   **PROFORMA VISION GRAPHICS**
   **1111 E WARRENVILLE RD SUITE 200**
   **NAPERVILLE, IL 60564**

4. Voucher No.: 00021205

5. Voucher Date: 10/20/2010

6. Appropriation Account Code Number: 410-58605-1300-00-00

7. Invoice Number: 0375001850

8. Invoice Date: 10/13/2010

9. Disposition of Copies:
   - 1-Comptroller: 5-Agency
   - 2-Agency: 6-Agency
   - 3-Agency: 7-Retained by Vendor

10. Give Complete Description of Articles/Services Rendered or Attach Itemized Invoice:

   - **Lined Scratchpad, w/imprint on bottom=500 @ $2.64**
   - **Imprint: Illinois State Board of Education Nutrition Programs http://www.isbe.net/nutrition**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>500</td>
<td>ea</td>
<td>$0.64</td>
<td>$320.00</td>
</tr>
<tr>
<td>0</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
</tbody>
</table>

15. Subtotal: $320.00

16. Discount/Deduction: $0.00

17. Total Payment Amount: $320.00

18. Exp. Obj: $320.00

19. Exp. Amount: $320.00

20. OFDA No.

21. Obligation No: 00

22. Payment Amount: $320.00

23. Certification of Receiving Agency

24. Total Exp.: $320.00

25. Total Payment Amount: $320.00

26. For Agency Use Only

2010 - 01 - 081 - 027 P110000118 F

Approved for Payment

V 01

Receiving Officer

Date

Clerk

Head of Unit or Authorized Agent

Date

(Date)

Agency Head (Signature)
<table>
<thead>
<tr>
<th>QUANTITY</th>
<th>UNIT</th>
<th>ITEM NUMBER</th>
<th>DESCRIPTION</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>500</td>
<td>Each</td>
<td>01000118</td>
<td>Scratch pad 3&quot; x 9&quot; w/ 25 sheet pad proof</td>
<td>$0.6400</td>
<td>$320.00</td>
</tr>
<tr>
<td>1</td>
<td>Each</td>
<td></td>
<td></td>
<td>$0.0000</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**SUB-TOTAL** $320.00  **TAX AMOUNT** $0.00  **FREIGHT AMOUNT** $0.00

Please Pay This Amount >>> $320.00

Invoices must be paid within terms to qualify for Sale Prices and discounts off current retail prices. Invoices that are paid beyond terms will be adjusted to reflect current retail prices in addition to a 1.5% per month (18% per annum) service charge. Proforma makes no warranties, express or implied, on merchantability, fitness or otherwise which extend beyond the description of the product herein. Furthermore, buyer agrees through payment of this invoice that Proforma's damages, if any, shall be limited to the total selling price of any item purchased.

**ORIGINAL INVOICE**

**REMITTANCE ADVICE**

Please detach this portion and return with your payment.

<table>
<thead>
<tr>
<th>CUSTOMER NUMBER</th>
<th>INVOICE NUMBER</th>
<th>INVOICE DATE</th>
<th>AMOUNT DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>001527</td>
<td>0375001850</td>
<td>09/30/2010</td>
<td>$320.00</td>
</tr>
</tbody>
</table>

**PLEASE SEND PAYMENT TO:**

Joseph Barnes/Proforma Vision Graphics
1111 E. Warrenville Rd. suite 200
Naperville, IL. 60563
ILLINOIS STATE BOARD OF EDUCATION
100 NORTH FIRST STREET
SPRINGFIELD, IL 62777

PAYMENT OF INTEREST MAY BE AVAILABLE IF THE STATE FAILS TO COMPLY WITH THE ILLINOIS PROMPT PAYMENTS ACT, ILL. REV. STAT., CH. 127, PAR. 132.401.

2. Taxpayer Identification Number
2a. TIN Type
01

3. Vendor or Payee
LOW FAT EXPRESS
PO BOX 1022
OWATONNA, MN 55060

4. Voucher No. 00101458
5. Voucher Date 04/15/2011
6. Appropriation Account Code Number 410-58605-1300-00-00
7. Invoice Number 245023
8. Invoice Date 04/13/2011

10. Give Complete Description of Articles/Services Rendered or Attach Itemized Invoice

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Quantity</th>
<th>Units</th>
<th>Unit Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>GIVE-AWAYS: Fruit &amp; Veggie Farm Bookmarks</td>
<td>200</td>
<td>ea</td>
<td>$5.95</td>
<td>$1,190.00</td>
</tr>
<tr>
<td>Food Playground Poster Item #410085 200@14.95</td>
<td>200</td>
<td></td>
<td>$14.95</td>
<td>$2,990.00</td>
</tr>
<tr>
<td>Fruits &amp; Vegetables Item #410011 200@32.95</td>
<td>200</td>
<td></td>
<td>$32.95</td>
<td>$6,590.00</td>
</tr>
<tr>
<td>Shipping</td>
<td>1</td>
<td></td>
<td>$500.00</td>
<td>$500.00</td>
</tr>
</tbody>
</table>


15. Subtotal $11,270.00

22. Obligation No. 23F 24. Payment Amount $11,270.00

16. Discount/Deduction

17. Total Amount

20. Total Exp. $11,270.00

25. Total Payment Amount $11,270.00

Certification of Receiving Agency

I certify that the goods or services specified on this voucher were for the use of this agency and that the expenditure for such goods or services was authorized and lawfully incurred; that such goods or services meet all the required standards set forth in the purchase agreement or contract to which this voucher relates; and that the amount shown on this voucher is correct and approved for payment. If applicable, the reporting requirements of section 5.1 of the Act to create the Bureau of the Budget and to define its powers and duties and to make an appropriation, approved April 16, 1969, as amended, have been met.

Head of Unit or Authorized Agent

Date

Approved for Payment

V 01

Receiving Officer Date Clerk

(01)

Agency Head (Signature)
Learning ZoneXpress™  
P.O. Box 1022  
Owatonna, MN 55060

**INVOICE**

<table>
<thead>
<tr>
<th>Invoice Number:</th>
<th>245023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invoice Date:</td>
<td>04/05/11</td>
</tr>
<tr>
<td>Page:</td>
<td>1</td>
</tr>
</tbody>
</table>

**Bill To:**  
Illinois State Board of Education  
Accounts Payable  
100 N First St  
Springfield, IL 62777

**Ship To:**  
Illinois State Board of Education  
Central Receiving Center  
100 N First St, Concourse  
Springfield, IL 62777  
217-785-8777

<table>
<thead>
<tr>
<th>Ship Via</th>
<th>Due Date</th>
<th>Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>05/05/11</td>
<td>Net 30 days</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Customer ID</th>
<th>46577</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Number</td>
<td>P110000292</td>
</tr>
<tr>
<td>P.O. Date</td>
<td>04/05/11</td>
</tr>
<tr>
<td>Our Order No.</td>
<td>SO245889</td>
</tr>
<tr>
<td>SalesPerson</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Unit</th>
<th>Order Qty</th>
<th>Quantity</th>
<th>BO Qty</th>
<th>Unit Price</th>
<th>Total Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>910084</td>
<td>Fruit &amp; Veggie Farm Bookmark(Package of 100)</td>
<td>Each</td>
<td>200</td>
<td>200</td>
<td></td>
<td>5.95</td>
<td>1,190.00</td>
</tr>
<tr>
<td>410085</td>
<td>Food Playground</td>
<td>Each</td>
<td>200</td>
<td>200</td>
<td></td>
<td>14.95</td>
<td>2,990.00</td>
</tr>
<tr>
<td>410011</td>
<td>Fruits &amp; Veggies by Color(set of 5 posters)</td>
<td>Each</td>
<td>200</td>
<td>200</td>
<td></td>
<td>32.95</td>
<td>6,590.00</td>
</tr>
<tr>
<td></td>
<td>Shipping &amp; Handling</td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
<td>500.00</td>
<td>500.00</td>
</tr>
</tbody>
</table>

**Received**  
FISCAL SERVICES-PAYMENTS  
6/18/2011

**Returns/Exchange Address**  
667 East Vine Street  
Owatonna, MN 55060

<table>
<thead>
<tr>
<th>Phone</th>
<th>507-455-9076</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax</td>
<td>507-455-3380</td>
</tr>
<tr>
<td>Tax ID #</td>
<td>41-1879233</td>
</tr>
</tbody>
</table>

**E-Mail**  
customercare@learningzonexpress.com

<table>
<thead>
<tr>
<th>Subtotal:</th>
<th>11,270.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invoice Discount:</td>
<td>0.00</td>
</tr>
<tr>
<td>Tax:</td>
<td>0.00</td>
</tr>
<tr>
<td>Total:</td>
<td>11,270.00</td>
</tr>
<tr>
<td>Less Payments:</td>
<td>0.00</td>
</tr>
<tr>
<td>Balance Due:</td>
<td>11,270.00</td>
</tr>
</tbody>
</table>
**Invoice Voucher**

**ILLINOIS STATE BOARD OF EDUCATION**
**100 NORTH FIRST STREET**
**SPRINGFIELD, IL 62777**

**FY2011**
Printed 04/14/2011

**Voucher No.** 00100281
**Voucher Date** 04/14/2011
**Appropriation Account Code Number** 410-58605-1300-00-00
**Invoice Number** 20103347
**Invoice Date** 04/12/2011

---

**Disposition of Copies**

<table>
<thead>
<tr>
<th>1. Comptroller</th>
<th>5. Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Agency</td>
<td>6. Agency</td>
</tr>
<tr>
<td>3. Agency</td>
<td>7. Retained</td>
</tr>
<tr>
<td>4. Remittance Copy</td>
<td>by Vendor</td>
</tr>
</tbody>
</table>

**Vendor or Payee**

**BOSSOV ENTERPRISES INC**
**YES PROMOTIONS INC**
**415 N ABERDEEN SUITE 200**
**CHICAGO, IL 60622**

---

**Give Complete Description of Articles/Services Rendered or Attach Itemized Invoice**

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>Unit</th>
<th>Unit Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>GIVEAWAYS: Zippered canvas totebag w/inside pocket</td>
<td>200</td>
<td>each</td>
<td>$9.63</td>
<td>$1,926.00</td>
</tr>
<tr>
<td>200@$9.63 &quot;HEALTHY KIDS&quot; Imprint</td>
<td>0</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
</tbody>
</table>

**Exp. Obj** | **Exp. Amount** | **CFDA No.** | **Obligation No.** | **Payment Amount** | **Subtotal** | **Discount/Deduction** | **Total Amount** |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1399</td>
<td>$1,926.00</td>
<td></td>
<td>23F 00</td>
<td>$1,926.00</td>
<td>$1,926.00</td>
<td></td>
<td>$1,926.00</td>
</tr>
</tbody>
</table>

**Certification of Receiving Agency**

I certify that the goods or services specified on this voucher were for the use of this agency and that the expenditure for such goods or services was authorized and lawfully incurred; that such goods or services meet all the required standards set forth in the purchase agreement or contract to which this voucher relates; and that the amount shown on this voucher is correct and approved for payment. If applicable, the reporting requirements of section 5.1 of "An Act to create the Bureau of the Budget and to define its powers and duties and to make an appropriation, approved April 19, 1969, as amended, have been met.

---

Approved for Payment

Receiving Officer Date Clerk

Head of Unit or Authorized Agent Date Agency Head (Signature)
# Invoice

**Date:** 04/01/2011  
**Invoice #:** 20103347

<table>
<thead>
<tr>
<th>Customer Phone</th>
<th>Customer E-mail</th>
<th>Customer PO#</th>
<th>Job #</th>
<th>Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>(217) 785-8777</td>
<td><a href="mailto:kbenning@isbe.net">kbenning@isbe.net</a></td>
<td></td>
<td>Totes0311</td>
<td>NET 30</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Ordered</th>
<th>Shipped</th>
<th>Rate</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zippered canvas totebag with inside pocket. Size 20&quot; x 16&quot; x 6&quot;, zipper closure on top and inside pocket, front pocket has no zipper. Bag has RED accent colors. Multi-color digital &quot;healthy kids&quot; art imprinted to maximum imprint area on front of tote.</td>
<td>200</td>
<td>200</td>
<td>9.63</td>
<td>1,926.00</td>
</tr>
</tbody>
</table>

Thank you for your business.

10% over/under is industry standard. 2% interest charged per month after 30 days.

There is an additional 3% processing fee for invoices over $2,000 being paid by Credit Card

<table>
<thead>
<tr>
<th>Subtotal</th>
<th>$1,926.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sales Tax (0.0%)</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,926.00</strong></td>
</tr>
<tr>
<td>Payments/Credits</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Balance Due</strong></td>
<td><strong>$1,926.00</strong></td>
</tr>
</tbody>
</table>
## Invoice Voucher

**CONTRACTED FOR PRIOR TO JULY 1**

**ILLINOIS STATE BOARD OF EDUCATION**
**100 NORTH FIRST STREET**
**SPRINGFIELD, IL 62777**

**1. Name and Location of State Agency or Institution**

**Payment of Interest May Be Available If the State Fails to Comply With the Illinois Prompt Payments Act, Ill. Rev. Stat., Ch. 127, Par. 132.401.**

**2. Taxpayer Identification Number**

**2a. TIN Type**

**01**

**3. Vendor or Payee**

**Bossov Enterprises Inc**
**Yes Promotions Inc**
**415 N Aberdeen Suite 200**
**Chicago, IL 60622**

**4. Voucher No.**

**00138225**

**5. Voucher Date**

**08/12/2011**

**6. Appropriation Account Code Number**

**561-58605-1300-00-00**

**7. Invoice Number**

**20103483**

**8. Invoice Date**

**08/10/2011**

**10. Give Complete Description of Articles/Services Rendered or Attach Itemized Invoice**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>350</td>
<td></td>
<td>$7.62</td>
<td>$2,667.00</td>
</tr>
<tr>
<td>0</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>$122.50</td>
<td>$122.50</td>
</tr>
</tbody>
</table>

**18. Exp. Obj.**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1399</td>
<td>$2,789.50</td>
<td></td>
</tr>
</tbody>
</table>

**22. Obligation No.**

<table>
<thead>
<tr>
<th>23F</th>
<th>24. Payment Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>$2,789.50</td>
</tr>
</tbody>
</table>

**16. Discount/Deduction**

<table>
<thead>
<tr>
<th>17. Total Exp.</th>
<th>25. Total Payment Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,789.50</td>
<td>$2,789.50</td>
</tr>
</tbody>
</table>

**Certification of Receiving Agency**

I certify that the goods or services specified on this voucher were for the use of this agency and that the expenditure for such goods or services was authorized and lawfully incurred; that such goods or services meet all the required standards set forth in the purchase agreement or contract to which this voucher relates; and that the amount shown on this voucher is correct and approved for payment. If applicable, the reporting requirements of Section 5.1 of An Act to create the Bureau of the Budget and to define its powers and duties and to make an appropriation, approved April 16, 1969, as amended, have been met.

**For Agency Use Only**

**2011 - 04 - 081 - 027**

**P110000480**

**F**

**V 01**

**Approved for Payment**

**Receiving Officer**

<table>
<thead>
<tr>
<th>Date</th>
<th>Clerk</th>
</tr>
</thead>
</table>

**Head of Unit or Authorized Agent**

<table>
<thead>
<tr>
<th>Date</th>
<th>(Date)</th>
<th>Agency Head (Signature)</th>
</tr>
</thead>
</table>
### Invoice

**Date**: 07/20/2011  
**Invoice #**: 20103483

---

<table>
<thead>
<tr>
<th>Bill To</th>
<th>Ship To</th>
</tr>
</thead>
</table>
| Illinois State Board of Education  
Fiscal  
100 N First St Concourse  
Springfield, IL 62777-0001 | Illinois State Board of Education  
Central Receiving Center  
100 N First Street Concourse  
Springfield, IL 62777-0001 |

---

<table>
<thead>
<tr>
<th>Customer Phone</th>
<th>Customer E-mail</th>
<th>Customer PO#</th>
<th>Job #</th>
<th>Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>(217) 785-8777</td>
<td><a href="mailto:kbenning@isbe.net">kbenning@isbe.net</a></td>
<td>Totes0611</td>
<td>NET 30</td>
<td></td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Description</th>
<th>Ordered</th>
<th>Shipped</th>
<th>Rate</th>
<th>Amount</th>
</tr>
</thead>
</table>
| Contract number: P110000480  
Item: 10" x 16" x 6" Cotton Canvas Tote Bags with Zipper pocket, Natural Beige/ROYAL handle.  
Item Color: Natural/ROYAL  
Imprint Color: ROYAL (to match handles)  
Logo: ISBE Directors Meeting 0711  
Imprint Size: 5 1/2" x 7" max | 350 | 350 | 7.62 | 2,667.00 |
| Freight | 1 | 1 | 122.50 | 122.50 |

---

Thank you for your business.

10% over/under is industry standard. 2% interest charged per month after 30 days.

There is an additional 3% convenience fee for invoices over $2,000 being paid by Credit Card

---

**Subtotal**: $2,789.50  
**Sales Tax** (0.0%): $0.00  
**Total**: $2,789.50  
**Payments/Credits**: $0.00  
**Balance Due**: $2,789.50
**Invoice Voucher**

**ILLINOIS STATE BOARD OF EDUCATION**  
**100 NORTH FIRST STREET**  
**SPRINGFIELD, IL 62777**  

**1. Name and Location of State Agency or Institution**

**PAYMENT OF INTEREST MAY BE AVAILABLE IF THE STATE FAILS TO COMPLY WITH THE ILLINOIS PROMPT PAYMENTS ACT, ILL. REV. STAT., CH. 127, PAR. 132.401.**

**2. Taxpayer Identification Number**  
**2a. TIN Type**  
02  

**3. Vendor or Payee**  
**SENDER, PAMELA A**  
**CUSTOM TOUCH PROMOTIONS**  
**610 VERNON LANE**  
**BUFALO GROVE, IL 60089**

**4. Voucher No.**  
00037404  

**5. Voucher Date**  
12/02/2010  

**6. Appropriation Account Code Number**  
410-58605-1300-00-00  

**7. Invoice Number**  
80901  

**8. Invoice Date**  
11/24/2010

**Disposition of Copies**  
1-Controller  
2-Agency  
3-Agency  
4-Remittance Copy  
5-Agency  
6-Agency  
7-Reserved by Vendor

**10. Give Complete Description of Articles/Services Rendered or Attach Itemized Invoice**  

<table>
<thead>
<tr>
<th>Date</th>
<th>Quantity</th>
<th>Units</th>
<th>Item Description</th>
<th>Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/1/2010</td>
<td>500</td>
<td>ea</td>
<td>Yellow Clipboards w/BLK imprint SUMMER FOODS SERVICE</td>
<td>$2.43</td>
<td>$1,215.00</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>ea</td>
<td>500@2.43; Screen SET-UP CHG 1@40.00</td>
<td>$40.00</td>
<td>$40.00</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>ea</td>
<td>Charge for exact quantity 1@12.00</td>
<td>$12.00</td>
<td>$12.00</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>ea</td>
<td>Shipping 126.80</td>
<td>$126.80</td>
<td>$126.80</td>
</tr>
</tbody>
</table>

**Subtotal**  
$1,393.80

**Discount/Deduction**  
0%

**Total Amount**  
$1,393.80

**Certification of Receiving Agency**

I certify that the goods or services specified on this voucher were for the use of this agency and that the expenditure for such goods or services was authorized and lawfully incurred; that such goods or services meet all the required standards set forth in the purchase agreement or contract to which this voucher relates; and that the amount shown on this voucher is correct and approved for payment. If applicable, the reporting requirements of section 5.1 of ‘An Act to create the Bureau of the Budget and to define its powers and duties and to make an appropriation, approved April 16, 1959, as amended, have been met.

**Head of Unit or Authorized Agent**  
(Date)  

**Receiving Officer**  
(Date)  

**Agency Head (Signature)**  
(Date)
INVOICE

Custom Touch Promotions
610 Vernon Lane
Buffalo Grove, IL 60089
UNITED STATES
Phone: 847-808-8080
Fax: 847-808-8480
custompromos@att.net

To
Illinois State Board of Education
100 N. First Street
Springfield, IL 62777
(217) 785-8777

Ship To
Illinois State Board of Education
100 N First St Concourse Level
Central Receiving Center
Springfield, IL 62777
(217) 785-8777

<table>
<thead>
<tr>
<th>Salesperson</th>
<th>Job</th>
<th>Shipping Method</th>
<th>Shipping Terms</th>
<th>Delivery Date</th>
<th>Payment Terms</th>
<th>Due Date</th>
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<tr>
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<td>Summer Food Service</td>
<td>Best Way</td>
<td>PrePaid</td>
<td>11/09/2010</td>
<td>Net 30</td>
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Subtotal $1,393.80
Sales Tax $0.00
Total $1,393.80
Payments $0.00
Balance Due $1,393.80

Make all checks payable to Custom Touch Promotions

Thank you for your business!