



Work Order • INVOICE

21377184

Date 9 / 13 20 24
 Job Due _____
 Proof Due ___/___ Time: _____
 Phone Fax Email In Person
 Cust. Contacted _____

Company: NETWORKS NORTHWEST
 Name: ISHA Phone: _____
 Address: _____ Cell: 231-492-8192
 Taken By: DAN Fax _____
 P.O. #: _____

TRACKING INFORMATION
 Ran Order - Initial _____
 Called Customer - Date BH 9-17
 Initial _____

No. Originals	QTY	S	INK	PAPER/COLOR/SIZE	WGT	PAPER	Sort	Staple	Fold	Cut	Drill	Pad	GBC	#ing	Score Perf	Art Dept. Charge:
2	141	1	C	11x17 GLOSS	80	HOUSE			✓							261 ⁰⁰
	282	2				T C ORDER										
SHARE THE ROAD																
<input type="checkbox"/> Type/Design - <input type="checkbox"/> CRA <input type="checkbox"/> Disk <input type="checkbox"/> USB <input type="checkbox"/> Email <input type="checkbox"/> Variable Data <input type="checkbox"/> Mailing <input type="checkbox"/> Non-Profit <input type="checkbox"/> Our Permit <input type="checkbox"/> Customer Permit																
<input type="checkbox"/> Lamination _____ <input type="checkbox"/> Mounting <input type="checkbox"/> Trim Only <input type="checkbox"/> Easels																
<input type="checkbox"/> Raised VND: <input type="checkbox"/> BC+ <input type="checkbox"/> BB <input type="checkbox"/> CC <input type="checkbox"/> DL <input type="checkbox"/> Other _____																
2	141	1	C	11x17 GLOSS	80	HOUSE			✓							261 ⁰⁰
	282	2				T C ORDER										
MCI9 MGMT PLAN BROCHURE																
<input type="checkbox"/> Type/Design - <input type="checkbox"/> CRA <input type="checkbox"/> Disk <input type="checkbox"/> USB <input type="checkbox"/> Email <input type="checkbox"/> Variable Data <input type="checkbox"/> Mailing <input type="checkbox"/> Non-Profit <input type="checkbox"/> Our Permit <input type="checkbox"/> Customer Permit																
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		1				HOUSE										
		2				T C ORDER										
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		1				HOUSE										
		2				T C ORDER										
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- CASH/CC
- ON ACCT.
- TAX EXEMPT (cash sale)

Sub-Total 522⁰⁰
Tax _____
Postage _____
Shipping _____
Deposit _____
Balance 522⁰⁰

Signature: _____ Date: _____