

CUSTOMER CODE		CUSTOMER NAME	CUSTOMER PHONE NUMBER	CUSTOMER ADDRESS	CITY	STATE	ZIP
C.S.D. WORK CENTER		C.S.D. BRANCH	PALATKA	TRANSACTION	SHIP METHOD	PAGE	

PLEASE REMIT PAYMENT TO: **BOOK 19 PAGE 300**

TO: SIMPSONVILLE HILLS COMPANY  
301 N. CURTIS ST.  
SIMPSONVILLE, SC 29681

SAVING CORPORATION  
P.O. BOX # 101045  
ATLANTA, GA. 30352-1045

SHIP TO: SIMPSONVILLE HILLS COMPANY  
301 N. CURTIS ST.  
SIMPSONVILLE, SC 29681

REGION	SALESMAN	TERMS	DAYS ALL'D	DISCOUNT	INSURANCE
BILL OF LADING NUMBER		SHIPMENT WEIGHT		CONTAINER TYPE	NO. OF CONTAINERS
SHIPMENT NO.		DESTINATION CODE	SHIPPED DATE		

TRK OR:

Carrier ATLANTA	Carrier Phone Service Area Code 404	
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NOTES:

ITEM	QTY. SHIPPED	PART NUMBER / NOTES	DESCRIPTION	U/M	UNIT PRICE	EXTENDED AMOUNT	NET AMOUNT	WGT.
32	1	11 M 32 1351	GASKET	EA	1.60	1.60	1.60	TPK
						STATE TAX	0.06	
						TOTAL	1.66	

GROSS AMOUNT		1.66
STATE TAX		0.06
NET AMOUNT		1.60

WE HEREBY CERTIFY THAT THESE GOODS WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6, 7, & 12 OF THE FAIR LABOR STANDARDS ACT, AS AMENDED AND OF REGULATORY ORDERS OF THE U.S. DEPT. OF LABOR ISSUED UNDER SEC. 18 THEREOF. ANY DIFFERENCES BETWEEN QUANTITIES ORDERED AND QUANTITIES SHIPPED HAVE BEEN EACH CHECKED AND WILL BE SHIPPED AS SOON AS RECEIVED. ANY CLAIM FOR SHORTAGE OR ADJUSTMENT MUST BE MADE WITHIN 30 DAYS.

0309

4328-723