DAIRY

. Date _____ 19 _____

Customer's Order No _____

Name _____

Address _____

Phone _____

QUAN.	DESCRIPTION	PRICE	AMOUNT	
	QTS. HOMOGENIZED			
	QTS. MILK LOW FAT			
	QTS. NON FAT			
	QTS.			
	QTS. BUTTERMILK			
	QTS. CHOCOLATE			
	QTS. ORANGE			
	1/2 PTS. MILK			
"EVERY BODY NEEDS MILK"		TAX		
		TOTAL		

DAIRY

Customer's Order No. _____ Date _____ 19 _____

Sold To _____

Address _____

Phone _____

QUAN.	DESCRIPTION	PRICE	AMOUNT	
	QTS. HOMOGENIZED			
	QTS. MILK LOW FAT			
	QTS. NON FAT			
	QTS.			
	QTS. BUTTERMILK			
	QTS. CHOCOLATE			
	QTS. ORANGE			
	1/2 PTS. MILK			
"EVERY BODY NEEDS MILK"		TAX		
		TOTAL		