MIAMI SYSTEMS CORPORATION
ORDER FORM FOR TRIAGE TAGS FOR
OFFICE OF EMERGENCY MEDICAL SERVICES

DATE:	**PURCHASE ORDER #:**

SHIP TO:	**BILL TO:**

ADDITIONAL INFORMATION:	**SPECIAL BILLING INSTRUCTIONS:**
Phone: Fax: Contact:	

REQUESTED SHIP DATE:	**CONTRACT #: 517-02-101**

SHIP BY: UPS GROUND	**FREIGHT: PREPAID/ADDED TO INVOICE**

JOB #	**DESCRIPTION**	**SOLD PER PACK**	**PRICE PER PACK**	**QUANTITY REQUESTED**
959040-6	TRIAGE TAGS	50 TAGS PER PACK	$54.50	

FAX ORDER FORM TO: MIAMI SYSTEMS CORPORATION: 804-222-4256
ANY QUESTIONS? CONTACT CUSTOMER SERVICE AT: 804-222-8746

LEGEND FOR UNIT AREA:

MINIMUM ORDER – 1 PACK