HID ASSEMBLY WORK ORDER: Pieces (1 per store)

Please print clearly inside each box using blue or black ink only. Fax to 888-873-9420

Store Name	Store Number	Vendor Number	Month	Day	Year
		3 3 0 8 9			

TDLinx Store ID Number	Key Rec - Non Expense	Retailer Purchase Order - Non Expense

You are not permitted to submit invoices and/or ICRs for work which you did not personally complete or assist with completion of when training a peer during his/her designated training period.

Assembly SKU	Quantity	Unit Price	Extended Price

Description:

Description:

Description:

Description:

Description:

Description:

Description:

Description:

Description:

Description:

Description:

Description:

Description:

Description:

Description:

Total Quantity

Total Price

Expense PO Items

KEY REC

Invoice # / Retailer Purchase Order

Assembly SKU	Quantity	Unit Price	Ext Price

Total Quantity

Total Price

Place **Expense** Key Rec Sticker Here

Place Key Rec Sticker Here

Store Manager (Print Name)

Store Manager (Signature)

Employee (Print Name)

Employee (Signature)

Employee ID

+ 9 8 0 0 0 3 1 0