

## **Sales Order**

Acct. No.	Date	Order #
CU18446	03/27/2025	SO84313

WRS Group LTD PO Box 21207 Waco TX 76702 United States

Bill To Alaska Health Fair Inc Betty Rieth 720 W 58th Ave Unit J ANCHORAGE AK 99518 United States			Ship To Alaska Health Fair Inc Betty Rieth 720 W 58th Ave Unit J ANCHORAGE AK 99518 United States					
Payment Method	ister Card		PO #			Shipping Method		
Master Card						FedEx Ground®		
<b>Description</b> Diabetes Portion Plate (Rea		Quantity	Units EA	Rate 13.0	Amount 0 26.0	Tax Rate	Item Number 50324	
What's in Tobacco Smoke? The Effects Of Secondhand	Tear Pad		EA PD		0 38.0	0	52584 52743	
"We appreciate your busine	ss. If you've paid by credit	card. your care	d is authorized	d at the time of vo	Shipping Cos	t (FedEx Gro	<b>Total</b> \$199.99	

"We appreciate your business. If you've paid by credit card, your card is authorized at the time of your order for the order amount, and this is your receipt of authorization. The final charges will be processed at the time of shipping. Payments by credit card may be subject to a 3% fee. Thank you!"

