Requisition/Check Request

William Carey University

☐ Requisition   ☒ Check Request   Date _____9/30/2014_____

WCU Dept.: _____Facilities_____   Acct. #: _____

If check request, check is to be issued to: _____MS Fire and Safety_____

_____

_____

Description	Quantity	Unit Price	Total
Annual Service of Portable Fire Extinguishers			659.00
		TOTAL	$ 659.00

Check one:

☒ Check to be mailed to vendor

☐ Check to be sent to WCU employee _____

☐ Check to be picked up in Accounts Payable Office

_____
Department Head

_____
Budget Director

_____
President / Vice President

MISSISSIPPI FIRE & SAFETY, INC
P. O. BOX 15122
HATTIESBURG, MS 39404

Statement

Date	Invoice #
9/16/2014	42458

Bill To	Ship To
William Carey University 498 Tuscan Avenue Hattiesburg, MS 39401	

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
1	Annual Service of Portable Fire Extinguishers	659.00	659.00

Sales Tax (7.0%)		$0.00

Phone #
601-264-7044

Total $659.00

Thurs 9/11 AM

CT5/

Mississippi Fire / Fred's Fire

Phone 601-264-7044   Fax 601-264-7044

P.O. Box 15122 - (500 Campbell Loop, Ste 70) Hattiesburg, MS 39404

SOLD TO: _WCU_

SHIPPED TO: _- 498 TUSCAN AV._

_601-318-6155_   (9)

CUSTOMER ORDER NO.	DATE SHIPPED	SHIPPED VIA	TERMS	SALESMAN	INVOICE DATE
		659	N-30	✓✓	9-12-14

QUAN.	(ANNUAL) DESCRIPTION	PRICE	AMOUNT
1	Service and Certification of Fire Equip	$	659.00
	Extinguishers (NFPA-10)		✓
	Automatic Fire System (NFPA-17)		
<	Insurance and Fire Dept Reports		✓
<	6 Yr Maintenance		
<	Hydro-Static Testing		
<	Service Emergency Lighting		
<	Recharging		
<	Sales / Repairs/ Misc		
	Subtotal	$	659.00
	7% Tax		NO TAX
THANKS!	Total	$	659.00

Finance Charge is computed by a "Periodic Rate" of 1½% per month which is an **Annual Percentage Rate** of 18% applied to the previous balance after deducting current payments and credits appearing on this statement. Payments, Credits, or Charges, received after the date shown above, which is the closing date of this billing cycle will appear on your next statement.

№ 42458

THIS IS YOUR INVOICE
STATEMENTS BY REQUEST ONLY

Rec'd BV / DONE
By   9-12-14

PROFORMA MEDIA GROUP (866) 702-7108 FORM# 4283-02