



PLEASE REPLY

INVOICE ☐

CREDIT



SHIPPER'S NO. 711991		DISTRICT CH	DATE ENTERED	TO: ORDER DEPT. CUSTOMER'S ORDER NO.	TO: BILLING DEPT.	DATE REQUESTED 02-13-70	INVOICE OR CREDIT NO.
TERMS (DOES NOT APPLY ON CREDITS)						DATE SHIPPED - - -	CAR INITIALS AND NO.

PREPAID OR COLLECT - ROUTING

DELIVERY P.O.D.

* SHIPPED FROM	* WHSE. CODE	BOOKED THRU	COPIES CODE	CUST. FORM
SAUGET IL	0003	57-22	2-1-2	

0-10000

W R GRACE & CO
DEWEY & ALMY CHEMICAL DIV
6051 W 65TH ST
CHICAGO IL 60638

SAME
6101 W 65TH ST
CHICAGO IL

[illegible]

REQUESTED BY (WRITE FULL NAME)

APPROVED

SUE TRISLER

0377178

* IF THIS FORM IS FOR A CREDIT COVERING MATERIAL RETURNED SHOW LOCATION AND WHSE. CODE ABOVE (*) TO WHICH MATERIAL RETURNED.

PLEASE BE SPECIFIC IN THE WORDING IN THE DESCRIPTION SO THAT ANY ONE CAN UNDERSTAND THE REASON FOR ISSUING THIS FORM.

TOWOLDMON0054482