**Date: [date]**

**Purchase from:**

[vendor]

Attention: [vendor contact]

[vendor address 1]

[vendor City, State, Zip]

[vendor Phone]

**Shipping address:**

Old Chatham Monthly Meeting

Attention: [committee]

PO Box 165

Old Chatham, NY 12136

Phone: (518) 794-0259

email: OCMMTreasurer@gmail.com

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| --- | --- | --- | --- |
| **Description** | **Quantity** | **Unit Price** | **Amount** |
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|  |  | **SUBTOTAL** |  |
|  |  | **TAX** |  |
|  |  | **TOTAL** |  |