



10640 - 170TH STREET
EDMONTON AB T5S 1P3

PACKING LIST

| | | |
|----------------|----------|----------|
| INVOICE NUMBER | DATE | PAGE NO. |
| 00118051 | 05/25/92 | 1 |

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UNIVERSITY OF ALBERTA
ATTN: MARILYN ASHTON-SMITH
MATERIALS MANAGEMENT DEPT
PURCHASING DEPT
EDMONTON AB T6G 2R3

ACCOUNT NO.
60UOA

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UNIVERSITY OF ALBERTA
ATTN: MARILYN ASHTON-SMITH
EDUCATIONAL FOUNDATION
5-109 EDUCATION BLDG NORTH
EDMONTON AB T6G 2R3

| | | | | | | | |
|------------------------------|--------------------------|--------------------------|----------------------|--------------------|-----------------------------|-------------------------|----------------------------------|
| CUSTOMER P.O. NO. M 06387 | ORDERED BY/REL SHERRY | DATE ORDERED 05/08/92 | DATE REQUIRED / / | SHIPPED VIA PPD | FREIGHT TERMS | ENTERED BY/DEPT 6011 | ORIGINAL INVOICE NO. 00118051 |
| COMMENTS: | | TERMS: N30D | | CC | CO. UNIT/WAREHOUSE 60/10 | PHONE NO. 0 - - | SALESPERSON 6910 |

| LINE NO. | QUANTITY ORDERED | QUANTITY BACK ORDERED | QUANTITY SHIPPED | SKU | DESCRIPTION | WAREHOUSE LOCATION | ADDITIONAL COMMENTS |
|----------|------------------|-----------------------|------------------|------------|-------------------------------|--------------------|---------------------|
| 10 | 1 | 0 | 1 | 2279A | DESKWRITER PRINTER | | EA |
| 20 | 1 | 0 | 1 | NW-AP1/2.5 | DESKWRITER CABLE 8FOOT | | EA |
| 30 | 1 | 0 | 1 | 51608A | DESKJET INK CARTRIDGE (BLACK) | | EA |

| | | | | | |
|----------------|------------|-----------|---------|---------|--------------|
| PRINT NAME | | | | DATE | |
| SIGNATURE X | | | | | |
| PICKED BY | CHECKED BY | PACKED BY | CARTONS | LENGTHS | WEIGHT |
| | | | 1 | | 22 lbs. |
| DATE SHIPPED | COILS | BAGS | BUNDLES | MISC. | TOTAL PIECES |
| 05/27/92 | | 1 | | | 2 |

1 @ 20
1 @ 2

6-10 (REV. 7/90)



University of Alberta

MATERIALS MANAGEMENT DEPARTMENT
DISTRIBUTION DIVISION

DELIVERY SLIP

FROM
SUPPLIER:

NORTHWEST DIGITAL
EDMONTON

PURCHASE ORDER NO. 11998C-M

DELIVERY SLIP NO. 172031

VIA
CARRIER

LOOMIS

WAYBILL NO. 018442

DATE
JUN 01 1992

COLLECT CHARGES

ACCOUNT COLLECT CHARGES APPLIED TO

DELIVER GOODS TO

DEPT. EDUCATIONAL FOUNDATIONS

EDUCATIONAL FOUNDATIONS
5-109 ED NORTH
EDMONTON, AB T6G 2R3
MARILYN ASSHETON-SMITH
MARILYN ASSHETON-SMITH

NAME

PHONE 4924229

RECEIVER

ALEXANDER, STEV

RECEIVED
BY

DRIVER

904 / 19

DESCRIPTION OF GOODS

| NO. OF PKGS. | DESCRIPTION | WEIGHT |
|--------------|-------------|--------|
| 1 | ENV | 1 |
| | By Mail | |



INDENT

FOR INTERNAL USE ONLY

312970

| | |
|---|------|
| TO (CENTRAL STORES OR OTHER DEPT.) | DATE |
| DELIVER TO (ROOM & BLDG) | |
| <p>Women's Research Centre 11013-90 ave, <u>Campus</u> 492 8950</p> | |
| <input checked="" type="checkbox"/> WILL PICK UP | |

| | | | |
|-------------------------------|--------------|-----------|------|
| JOB | W/O | FILLED BY | |
| ACCOUNT CREDITED | | | |
| MAJOR | INTERMEDIATE | MINOR | MEMO |
| ACCOUNT NUMBER | | | |
| 64 01131 | | | |
| MAJOR | INTERMEDIATE | MINOR | MEMO |
| TRUST TITLE | | | |
| Adv. Comm. on Women's Studies | | | |

STATUS OF ITEMS NOT SHIPPED

CHARGE TO

| QUANTITY | UNIT | CATALOG NUMBER | DESCRIPTION | SHIPPED | CD | % | UNIT | PRICE | EXTENSION |
|----------|------|----------------|---|---------|----|---|------|-------|-----------|
| 1 | | | difference on exchange of 20 DL 90 MMS & Metro 20 MMS | | | | | | 30.00 |
| | | | | | | | | | |
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|---------------------------|-----------|
| FOR INFORMATION CALL | TELEPHONE |
| 111 E. MORONEY | 492 8950 |
| DEPARTMENT | |
| Women's Research Centre. | |

SIGNED

| | |
|-----------------------|-------------|
| AUTHORIZING SIGNATURE | TOTAL |
| X <i>[Signature]</i> | 30.00 |
| DELIVERED BY | RECEIVED BY |
| | |

UA PURCHASING 808
312970



INDENT

FOR INTERNAL USE ONLY

626251

TO (CENTRAL STORES OR OTHER DEPT.) _____ DATE 10 May 1979

DELIVER TO (ROOM & BLDG) Wagner-Kennel Center
11045 1090 Ave. Camillus

WILL PICK UP Advise phone 472-8750

JOB _____ W/O _____ FILLED BY _____

ACCOUNT CREDITED _____

MAJOR _____ INTERMEDIATE _____ MINOR _____ MEMO _____

ACCOUNT NUMBER _____

MAJOR _____ INTERMEDIATE _____ MINOR _____ MEMO _____

TRUST TITLE Adj Com on Wm. St. ...

STATUS OF ITEMS NOT SHIPPED

CHARGE TO

| QUANTITY | UNIT | CATALOG NUMBER | DESCRIPTION | SHIPPED | CD | % | UNIT | PRICE | EXTENSION |
|----------|------|----------------|--------------|---------|----|---|------|---------|-----------|
| 1 | | | Mac Plus | | | | | 1110.00 | |
| 1 | | | EMAC-DK 22mg | | | | | 525.00 | |
| | | | (3) | | | | | | |
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FOR INFORMATION CALL _____ TELEPHONE _____

DEPARTMENT _____

AUTHORIZING SIGNATURE _____

TOTAL 1635.00

X

SIGNED

DELIVERED BY _____ RECEIVED BY _____

626251

----- CUSTOMER INVOICE -----

University of Alberta MicroStore
Students' Union Building
University of Alberta
Edmonton, Alberta
(403) 492-1495

TODAY'S DATE: 29 Jun 90

INVOICE #: 900985

TERMS: INDENT

BILL TO:

SHIP TO:

EDUCATIONAL FOUNDATIONS [EDUFDU]
EDUCATION NORTH 4-109

EDUCATION NORTH 4-109

Customer Reference: EXCHANGE Salesperson: BEA Order # 900896 Order Date: 29 Jun 90

| Code | Item Number | Item Description | Ship | B/O | Price | Extension |
|------|-------------|------------------|------|-----|--------|-----------|
| 9402 | C2/AB-040 | EMAC METRO 20MB | 1 | 0 | 555.00 | 555.00 |

SM BFU 0001089

Items Received In Apparent Good Order:

Allen Thorning

TOTAL: \$ 555.00

----- CUSTOMER INVOICE -----

University of Alberta MicroStore
Students' Union Building
University of Alberta
Edmonton, Alberta
(403) 492-1495

TODAY'S DATE: 31 May 90

INVOICE #: 900715

TERMS:

SHIP TO:

SAME

BILL TO:

EDUCATIONAL FOUNDATIONS [EDUFOU]
11043 - 90 AVE ^{S-109 Ed}
ATTN: M. ASSHETON-SMITH

③

Customer Reference: 626251 Salesperson: MICHE Order # 900479 Order Date: 22 May 90

| Code | Item Number | Item Description | Ship | B/O | Price | Extension |
|------|----------------|------------------------|------|-----|----------|-----------|
| 9400 | C0/AP-110 | Mac Plus c/w HyperCard | 1 | 0 | 1,110.00 | 1,110.00 |
| | S/N: E9490HJ | | | | | |
| 9402 | C2/AB-020 | EMAC 20 DL DRIVE | 1 | 0 | 525.00 | 525.00 |
| | S/N: F10021393 | | | | | |

JUNE 4 2:10 PM '90

Items Received In Apparent Good Order:

D. Haverstock

===== TOTAL: \$ 1,635.00 =====

*** THANK YOU FOR YOUR BUSINESS! ***



AppleCare Warranty Registration Form

Apple Canada Inc.

Congratulations on your purchase of Apple products!

To secure your AppleCare™ Warranty, please do the following:

1. Complete the four sections below.
2. Moisten, fold and mail the self-mailer copy back to Apple Canada Inc. within ten (10) days.
3. Keep the Customer Copy for your records. Along with proof of purchase, it will serve as your temporary Warranty Certificate until you receive your official Warranty Certificate (mailed to you by Apple Canada Inc. within 6 - 8 weeks of receipt of this Registration Form).
4. Your Authorized Apple Dealer will retain the Dealer Copy.

Si vous désirez obtenir une copie du formulaire de demande de garantie AppleCare Warranty en français, veuillez vous informer auprès de votre concessionnaire autorisé Apple.

626251

IMPORTANT:

Your AppleCare Warranty Number is:

EO 536686

This is your policy number.
Please quote it in all correspondence.

1. Today's Date

| | | |
|----|----|----|
| D | M | Y |
| 04 | 06 | 90 |

2. Check either A or B, but not both.

A NEW PRODUCTS

FREE 12-month AppleCare Warranty coverage on all new products listed below

B PREVIOUSLY PURCHASED PRODUCTS, AS LISTED BELOW.

You may select coverage period from 12-35 months. Your Authorized Apple Dealer will advise you of cost. Please enclose a certified cheque, approved credit card or money order.

3. FULL NAME AND ADDRESS OF OWNER (PLEASE PRINT)

| | | | |
|--|----------------|-----------|--|
| <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. First Name | | Last Name | |
| Company Name (if applicable) EO FON | | Title | P.O. # |
| Address | | City | Prov. |
| Billing Address (if different from above) | | City | Prov. |
| Home Phone () | Bus. Phone () | Extension | How do you wish to receive future correspondence? <input type="checkbox"/> English <input type="checkbox"/> French |

4. List the Apple products to be covered by AppleCare Warranty (PLEASE PRINT)

Note: The Product Number is printed on the box. The Serial Number is on the label on the product - usually on the back panel.

| Product Number | Product Description | Serial Number |
|----------------|---------------------|-----------------|
| 1 M5880 | Mac PLUS | E94904HJ |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |

FOR DEALER USE ONLY:

Dealer Location Number

Name **388**

DECISION MAKER Mr. Mrs. Ms. First Name _____ Last Name _____

CUSTOMER TYPE (Check one only) Home/Prof. Sm. Bus. (1-100 empl.) Med. Bus. (101-300 empl.)
 Lge. Bus. (301+ empl.) Gov't. K-12 Ed. Higher Ed.

PRIMARY REASON FOR BUYING Publishing/Presentation Design/Modelling Personal Productivity
 Exec. Information System Learning/Training

No. OF CPU'S PURCHASED _____

FOR NEW PRODUCTS:

I certify that the Apple products listed above for AppleCare Warranty coverage are new as of today's date.

B. Cole

Dealer Signature

Date

| | | |
|----|----|----|
| D | M | Y |
| 04 | 06 | 90 |

FOR PREVIOUSLY PURCHASED PRODUCTS

I certify that the Apple Products listed above have been inspected and found to be in proper working condition.

Dealer Signature _____ Date

| | | |
|---|---|---|
| D | M | Y |
| | | |

| | | | |
|-------------------------|------------------------------|-------------|---------------------|
| Term of Coverage Months | AppleCare Warranty Charge \$ | P.S.T. % \$ | Payment Enclosed \$ |
|-------------------------|------------------------------|-------------|---------------------|

Business Reply Mail

No Postage stamp necessary if mailed in Canada

Postage will be paid by:



Apple Canada Inc.
Attention: AppleCare Division
7495 Birchmount Road
Markham, Ontario
L3R 9Z9