

OK Tire Stores Inc.Corporate Employee Purchasing Document

DO #						
	must be filled out in order to ction. If PO # is NOT completed this valid at stores			Employee	#	
	This	document is to certify that t Ok Tire St		mployee of		
		Please Print Documer	nt Recipients Name			
an	Max (If purchase exceeds the max	Where an item is sale price ximum value: \$200	d the lower price wi 0.00 includin e is responsible for	Il apply g taxes the difference a	at the point of s	
STYLE#	DESCRIPT	ON	COLOUR	QTY	SIZE	PROGRAM PRICE
Any	CSA Approved Safety Footwear	6	All			10.00% off Reg. Price
		IMPORTANT IN Photo ID is require				
	Authorized Signat This docum	ure: ent must have an original sign	ature - no photocopie	s will be accepted	d.	

Acct: 00257740

Document Expiry Date:(The Document expiry date has priority over the program expiry date but cannot exceed it).

Program Expiry Date: 30 Nov 2025