

Bellaire Properties Inc.  
 331 Cityview Boulevard, Suite 300  
 Vaughan, ON L4H 3M3  
 Tel: (905)832-2023 Fax: (905)832-1926

**Supplier:**

**Ship To:**

Liberty Custom Cabinetry Ltd.  
 131B Carlauren Road  
 Woodbridge, ON L4L 8A8  
 Tel: (905)856-7678 Fax: (905)856-7379

Bellaire Properties Inc.  
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 331 Cityview Boulevard, Suite 300  
 Vaughan, ON L4H 3M3

(libertyc)

**Purchase Order: 2060.05-01-005289**

<b>Disc. Terms:</b> Not Applicable	<b>Order By:</b>	<b>Order Date:</b> 07/04/2023
<b>Terms Code:</b> 45 days	<b>Taken By:</b>	<b>Date Req:</b>
<b>Retention:</b> 10%	<b>Purch. Agent:</b>	<b>Req. No:</b>

Line	Description	Quantity UofM	Unit Cost	Total Amount	Disc%	Draw%	Amount Due
<i>Project: Bellaire Properties Inc. Phase: Phase 5 Lot: 0008 Model/Elev.: Superior2C - 38' Detached - 3615 S.F.-2 Car/B Swing: N/A Craft: 1480 - Kitchen &amp; Vanities</i>							
0010	PLEASE CANCEL ITEM #0010 ON PURCHASE ORDER NO. 001642 ** DELETE ITEM #9 (BUILT-IN APPLIANCE PROVISION), as per Purchaser's Extras #003, Dated June 07, 2022. Alloc: H,HOM,2060.05,0008,3185,2	-1.00	LS				
0020	** Increase size of opening for stove space to 36" inches wide in lieu of standard 30" inch wide. Alloc: H,HOM,2060.05,0008,3185,2	1.00	LS				
0030	** Increase size of opening for hoodfan space to 36" inches wide in lieu of standard 30" inch wide opening. Alloc: H,HOM,2060.05,0008,3185,2	1.00	LS				
0040	Chimney Hood Fan - Provisions to cabinetry to accommodate future chimney hood fan / exhaust fan above future stove/range in kitchen area. *Note: Not all models can accommodate this change. *Builder will to accommodate centering the vent as best as possible. Purchaser must prove all specifications for future Chimney Style Hood fan / Exhaust Fan as soon as possible. This item must be dedicated prior to framing stage, otherwise may be considered too late. Alloc: H,HOM,2060.05,0008,3185,2	1.00	LS				

**Sub-Total:**  
 Taxes: 0.00  
**Total:**

\_\_\_\_\_  
 Liberty Custom Cabinetry Ltd. **Date:** \_\_\_\_\_

\_\_\_\_\_  
 Bellaire Properties Inc. **Date:** \_\_\_\_\_

Please submit copy of PO with invoice for payment.