

1356493

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This purchase order number must appear on all invoices, packing slips, cartons, bills of lading and correspondence.

PURCHASE ORDER

INVOICE TO: RIO SUITE HOTEL & CASINO
PO BOX 29030
HOT SPRINGS, AR 71903

VENDOR: 11207
BRADY INDUSTRIES INC
7055 LINDELL ROAD
LAS VEGAS, NV 89118

TELEPHONE: 876-3990/326-8586
FAX: 702-876-1580

SHIP TO LOCATION:

RECEIVING MAIN DOCK
3700 W. FLAMINGO
*** MAIN DOCK ***
LAS VEGAS, NV 89103

This order constitutes the entire agreement between buyer and vendor and it may only be modified in writing signed by vendor and buyer. The vendor acknowledges that it has made no price or other consideration in anticipation of future business with buyer.

Harrah's is committed to procuring its goods, products and services from a diversified pool of vendors, contractors and professional service providers, including certified minority-owned, women-owned, disabled and/or disadvantaged business enterprises. Harrah's complies with Title VII of the Civil Rights Act of 1964, Title I of the Americans with Disabilities Act, as well as federal, state and local laws.

P.O. NUMBER: R0300077
DATE: 5/04/10
NOD 000

DATE REQUIRED: 5/05/10

F.O.B.: DEST

SHIP VIA: BW

JOB COST:

PROJECT:

MINORITY STATUS:
LICENSE #:
PAYMENT TERMS: NO DISCOUNT DUE IN 30 DAYS
BUYER: DSAMSON
CONFIRMING ORDER: Y

CHG. DEPT.: STEWARDS

QTY.	U/M	ITEM #	DESCRIPTION	UNIT PRICE	EXTENSION
1	EACH	4138319	INVOICES AND PACKING SLIPS MUST REFERENCE THIS PO NUMBER ON OUTSIDE OF ALL PACKAGES BUYER: DELIA SAMSON (702) 731-7155 OR EMAIL @ SAMSOND@HARRAHS.COM ATTN TO: ROSIE VELASCO, STEWARDS ORDER MUST BE DELIVERED ON OR BEFORE 12:00 NOON @ RIO MAIN RECEIVING DOCK DUST PAN LOBBY PLASTIC 12" WIDE ALUM HANDLE 1/EA IMPACT #E604 G/L ACCT# G11-2000-7930-360	8.81	8.81
TOTALS	1			\$.00	\$9.52

THIS PURCHASE ORDER IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND INSTRUCTIONS SET FORTH ON THE FRONT AND BACK HEREOF. IN ADDITION, THIS ORDER IS SUBJECT TO THE APPROVAL OF ANY GAMING OR OTHER REGULATORY AUTHORITY, AND THE SATISFACTORY COMPLETION AND RETURN OF BUYER'S VENDOR QUESTIONNAIRE (IF REQUIRED).

* Prepay and add freight and insurance charges to invoice unless otherwise specified. * Packing list must accompany each shipment. * Discount will be taken from date of invoice.

BUYER Delia Samson-Caesars-CCS
By: _____ Date: _____

Authorized Signature