

Student/Member _____

TURN-IN DATE _____

Teacher/Coach _____

Please make checks payable to organization below:

School/Group _____

Name of Organization _____

FOR ORGANIZATION USE ONLY

Please enter amount collected from member here.

	CUSTOMER NAME	PHONE	SELECTION 1						SELECTION 2				SALES TAX if applic.	TOTAL AMOUNT DUE	PAID <input checked="" type="checkbox"/>	
			ITEM #	QTY	DESCRIPTION	TOTAL PRICE	ITEM #	QTY	DESCRIPTION	TOTAL PRICE						
1	SAMPLE John Doe	752-000-0000	1	8	5	2	2	18oz. Vanilla Velvet	\$32	MBRN	1	Brown Warmer	\$20		\$52	X
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