



STUDENTS NAME (LAST)

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STUDENTS NAME (FIRST)

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SCHOOL/ORGANIZATION

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GRADE

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PHONE #

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INSTRUCTIONS:
(USE ONLY BLACK or BLUE INK)

1. Fill in customer's name. For each item selected, write in the item number, quantity and total price (see example line). IF more than 4 items are selected, use the next line.
2. TOTAL the quantity and dollars for each customer.
3. TOTAL THE ITEMS AND DOLLARS FOR ALL CUSTOMERS AT THE BOTTOM OF EACH FORM.

CUSTOMER NAME	Selection #1			Selection #2			Selection #3			Selection #4			TOTAL # of Items	TOTAL AMOUNT \$ DUE
	ITEM #	QTY	\$ TOTAL PRICE	ITEM #	QTY	\$ TOTAL PRICE	ITEM #	QTY	\$ TOTAL PRICE	ITEM #	QTY	\$ TOTAL PRICE		
<i>Sample: Mary Johnson</i>	8	2	1 7 0 0	5	6	2 8 0 0	2	5	1 6 0 0	7	6	2 1 0 0 0	6	4 1 0 0
1														
2														
3														
4														
5														
6														
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17														

ALLERGY INFORMATION: Products have been manufactured on shared equipment that processes peanuts, tree nuts, milk, wheat, soybean and egg products.

*Sugar Free products are not a reduced calorie food. Excess consumption may have a laxative effect.

PLEASE MAKE CHECKS PAYABLE TO SCHOOL / ORGANIZATION ABOVE

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WHITE COPY: to Gertrude Hawk Chocolates **YELLOW COPY:** Chairperson Copy **PINK COPY:** Seller Copy

TOTAL Items GRAND TOTAL