Date:

North Henry Academy

Customer Name:

Hands of Bethlehem In-Stock Order Form

Customer Phone: **Customer Address:**

Product Number	Product Name/Description	Product Cost	Quantity	Total Cost
Thank you for your order!		**Total:**		

Payment needs to be sent in to Melissa Ruble at the time of the order.
Please stop by the school's office or send it in with your student.

For Office Use: ☐ Amount Paid ☐ Order Filled Employee's Initials: _____
☐ Cash: Change Due: ___ ☐ Check: No. _____ ☐ Money Order: No. _____

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