

Paid	Customer Name											Amount Due	
		1											
		2											
		3											
		4											
		5											
		6											
		7											
		8											
		9											
		10											
		11											
		12											
		13											
		14											
		15											
		16											
		17											
		18											
		19											
		20											
	Totals:												

Price: _____

Price: _____

Date to Return Brochure: _____

Name of Organization: _____

Teacher's Name: _____

Grade: _____
