

## BISHOP CANEVIN SPECIAL ORDER FORM

BC family to be credited:					Students' Name: _____ HR _____					Date: _____			
Name on order (if different from above): _____										Amt. Enclosed:**			
Daytime Phone No. _____					Send home with student <input type="checkbox"/> Pick up <input type="checkbox"/>					Date ordered by BC: _____			
Email address required for notification: _____													
Store	\$	Profit	Qty	Cost		Store	\$	Profit	Qty	Cost		Totals	
												Total column 1	
												Total column 2	
												Order Total	
												Certificates sold	
												Order complete	
												Date filled	
												Order filled by	
												Week no.	
												Check no.	
												Cash	
												Amount	
												COD	
												COD paid on	
TOTAL						TOTAL						Entered by:	
												Entered on:	

\*\* PLEASE ENCLOSE PAYMENT FOR SPECIAL ORDERS SEPARATE FROM IN STOCK ORDER

Complete list of all certificates available [www.glscrip.com](http://www.glscrip.com)