

Please turn this form in on Order Turn-In Day with payment for the number of food packages ordered.

SHARE Food Network-Monthly Order Form

Organization _____ Host ID # _____

Pick-Up Day _____ Pick-Up Date _____ Pick-Up Time _____

_____	+	_____	=	_____
# Value Packages		# Special Packages		# Total Orders
		x \$20.00	=	\$ _____
		Transportation Fee (If Applicable)	+	\$ _____
		Total Due:		\$ _____

PAYMENTS

Organization Checks: _____

Money Orders: _____
(# of MOs)

CASH/Bank Receipts: _____
(circle one)

EBT Vouchers: _____
(# of Vouchers)

Other _____:

AMOUNT PAID: \$ _____

BALANCE DUE: \$ _____

Host Site Rep.: _____ (Date) _____

SHARE Rep.: _____ (Date) _____

Caller: _____ Phone #: _____

White: File Copy

Yellow: Money Reconciliation

Pink: Customer Copy

Notes:

