Collared Shirt Day T-Shirt Orders

Business Name _____ Address _____

Leader of the Pack _____ Phone Number _____ E-mail _____

Name	Department	Phone	YOUTH			ADULT					Total Cost	Paid
			Sml	Med	Lrg	Sml	Med	Lrg	XL	XXL		
John Doe	*Sales*	*555-5555*	*1*				*2*				*30.00*	*X*

FOR USE BY SHELBY HUMANE SOCIETY

T-shirts ordered _____ Total cost $_____ Payments received $_____ Date t-shirts delivered _____SHS Employee Initials _____

Initials of Leader of the Pack upon receipt of t-shirts _____