



Merchandise Order Form

Item _____	Qty. _____	Size _____	Color _____	Price _____
Item _____	Qty. _____	Size _____	Color _____	Price _____
Item _____	Qty. _____	Size _____	Color _____	Price _____
Item _____	Qty. _____	Size _____	Color _____	Price _____
Item _____	Qty. _____	Size _____	Color _____	Price _____
Item _____	Qty. _____	Size _____	Color _____	Price _____

Subtotal _____

Sales Tax 7.5%

Total _____

Payment due upon receipt of merchandise

Payment Type: Cash Check (payable: UCP Store) Payroll Deduction (Below Section)

UNITED CEREBRAL PALSY Payroll Deduction Authorization Section

I hereby authorize United Cerebral Palsy to deduct from my earnings, the amount indicated below. I also authorize United Cerebral Palsy to initiate, if necessary, debit entries and adjustments for any credit entries in error to my payroll check. I understand the total amount will be deducted on my next paycheck.

Employee Name: _____ SSN: _____ - _____ - _____

_____/_____/200_____
Signature of Employee Date Approved By

Received on ___/___/200__	Payroll Use Only Payroll Date ___/___/200__	G/L # 181-01-0389-00
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