



# ORDER FORM



Family Name:	Date DGH received:	Date entered
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## Vendor Information (must be filled out)

Name:	Phone:
Address:	Fax:
City/ST/Zip	Contact person:

Student	ILP course	Item #	Description	Qty	Cost	Total cost

Subtotal	
Add 20% freight	
<b>Grand Total</b>	

Contact Teacher's Signature: _____	Date: _____
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