School/Organization Name: **Ogden School PTC**

Student Name:

Student Phone #:

Homeroom Teacher:

Checks Payable To: **Ogden PTC**

Grocery Store Bags	$ 7.50
Department Store Bags	$ 8.50
Drug Store Bags	$ 5.50
Box Store Bags	$ 9.50
Lunch Bags	$ 8.00
Bottle Bags	$ 6.00

Grocery: H18xW14xD9
Department: H13xW18xD9
Drug: H13xW11xD6
Box: H17xW28xD12
Lunch: H10xW9xD5
Bottle: H14xW6xD4

NAME AND PHONE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total Bags Ordered	Total Amount Due
	Grocery Department Drug Box	Grocery Department Drug Box	Grocery Department Drug Box	Grocery Department Drug Box Lunch	Grocery Department Drug Box Bottle	Department Drug	Grocery Department Drug Box	Grocery Department Drug Box Lunch	Grocery Department Drug Box Lunch	Grocery Department Drug Box	Grocery Department Drug Box	Grocery Department Drug Box	Grocery Department Drug Box Lunch Bottle	Grocery Department Drug Box	Grocery Department Drug Box Bottle	Grocery Department Drug Box Bottle		
Total #																		
Total $																		