



MERCHANDISE ORDER FORM

EMPLOYEE NAME: _____ OFFICE: _____

ITEM #	DESCRIPTION	COLOR	SIZE	QUANTITY	COST PER ITEM	TOTAL COST
SUBTOTAL**						\$
VA TAX (See table)						
TOTAL AMT. DUE						\$
Less Coupons						
TOTAL						\$

PAYMENT METHOD:

_____ Cash _____ Check _____ Payroll Deduction* (See below)

* I, _____, give Team Nurse my permission to deduct \$ _____ from my paycheck for _____ (number)** pay periods for the above merchandise I selected and received from Team Nurse. With my signature below, I promise to pay Team Nurse the full amount due. I understand that the sales tax will be withheld with my first deduction.

Date: _____

Employee Signature: _____

Team Nurse Representative: _____

Method of Sale: _____ In Stock _____ Uniform Sale _____ Other

Order filled: _____ Yes _____ No Date: _____

**Note: The total for calculation of the payroll deduction is based upon the subtotal, as the tax will be withheld with the first payment.