COOKIE/CAKE ORDER FORM

Date Ordered	Ordered by:	Delivery Date:	Day:
Organization:		Phone #	Time:
Event Description:		Delivery Location:	
Req./PO#	Price:	Bill To:	
Address:			

COOKIES: **Total Ordered: ___ doz**
@ $5.00 = $_____

☐ In Box ☐ On Tray _____

_____Assorted Cookies
_____Chocolate Chip
_____Peanut Butter
_____Jennifer
_____Cracked Choc Chip
_____Oatmeal Raisin

DIPPED COOKIES: **Total Ordered: ___ doz**
(Verify Availability) **@ $7.00 = $_____**

_____Assorted Cookies
_____Chocolate Chip
_____Peanut Butter
_____Jennifer
_____Cracked Choc Chip
_____Oatmeal Raisin

_____ Chocolate _____ White Chocolate

NOTES:
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Revised 5/2015