Closing the gap: Impacting the world
a fair trade organization

Date:
Order #*:

Bill to:
[Name]
[Organization]
[Street Address]
[City, ST ZIP Code]
[Phone]

Ship to:
[Name]
[Organization]
[Street Address]
[City, ST ZIP Code]
[Phone]

Shipped Date*	Event Date	Return Product Due Date*

Qty	Item #	Product Name	Color	Unit Price	Sug. Retail Price	Total	Qty sold	Total Sold
					Subtotal			
Notes:					Adjusted Pricing			
					Total			

* To be filled out by INTO