REICHEL FOODS APPAREL

ALL EMPLOYEES MUST FILL OUT THIS FORM TO PLACE CLOTHING ORDER

CMG EMPLOYEES MUST FILL OUT THIS FORM AND ADDITIONAL AUTHORIZATION FORM

I, Sreytauch vorng (employee's name), hereby authorize my employer to deduct the dollar amount listed below from my next paycheck. No returns are accepted unless you receive a defective item. All sales are final.

ITEM #	ITEM DESCRIPTION	COLOR	SIZE	QTY	PRICE EACH	TOTAL
LST 357	Ladies Posi	True Royal	L	1	22.00	22.00
					TOTAL ORDER	$22.00

Print Name: _____

Department: mv1 **Shift:** 1 **Date:** 3/22/20

Signature: Sreytauch vorng

Office Use Only:	
Date Entered:	
Approved by:	
Effective Paycheck Date:	