

McLaren Print System Order

Order No: 7719
Order Date: 2014-12-18
User: Erica Kamyszek
Phone: 9897342171

Ship Location: Rogers City Medical Group
573 N Bradley Hwy
Rogers City, MICHIGAN 49779

Forms

Quantity: 100
Paragon Dept No: 77025
Dept Name: Rogers City Medical Group
Company Number: 810

Order Total Price: 3.23

Item Number: M-137-A
Item Description: Request for Check
Revision Date: 1/2012
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: Padded (100 Sheets Per Pad)
Drill:
Misc Info:

McLaren Medical Group
REQUEST FOR CHECK

Date _____ / _____ / _____
Please issue check payable to: _____
Address: _____

For: _____

Amount \$: _____
Change to Account No.: _____ Requested by: _____
 Mail
 Deliver to: _____ Approved by: _____
 Call when ready
with a/c

McLaren Medical Group
REQUEST FOR CHECK

Date _____ / _____ / _____
Please issue check payable to: _____
Address: _____

For: _____

Amount \$: _____
Change to Account No.: _____ Requested by: _____
 Mail
 Deliver to: _____ Approved by: _____
 Call when ready
with a/c