

Pearl River School District
MySchoolBucks School Store Product Set Up Form

1 **School/Location Name:** _____

2 **Name of Contact Person:** _____

3 **Contact Person's Email Address:** _____

4 **Contact Person's Phone #:** _____

5 **Product Name** _____

6 **Description of Product** _____

7 **Product Price** _____

8 **When would you like Product to go on Sale?** _____

9 **When would you like Product to go off Sale?** _____

10 **What other information would you like to add to your Product Sale Page:**

Payment Method

Extraclassroom

General Fund

Trust & Agency

G/L Account Name: _____

G/L Account #: _____

Set up completed date _____

Verified by Business Office _____ **Date** _____

Verified by Treasurer _____ **Date** _____

Once completed, please scan and email this document to the Maria Algera at algeram@pearlriver.org
at least one week prior to when you would like the product to go on sale.