	iver School District ool Store Product Set Up Form
School/Location Name:	
2 Name of Contact Person:	
³ Contact Email:	
Contact Phone #:	
5 Product Name	
Description of Product	
7 Product Price	
B Product Start Date	
 Product Start Date Product End Date 0 What other information would you like 	e to add to your Product Sale Page:
Product End Date	
 Product End Date What other information would you like 1 Where will funds be deposited? 	to add to your Product Sale Page:
 Product End Date What other information would you like 1 Where will funds be deposited? G/L Account Name: 	to add to your Product Sale Page:
 Product End Date What other information would you like Where will funds be deposited? <i>G/L Account Name:</i> <i>G/L Account #:</i> 	to add to your Product Sale Page:
 Product End Date What other information would you like Where will funds be deposited? G/L Account Name: G/L Account #: Permission slip required? 	e to add to your Product Sale Page: ce of the product, please include an additional 4.6%
 Product End Date What other information would you like Where will funds be deposited? G/L Account Name: G/L Account #: Permission slip required? *Please note: when determining the pri 	e to add to your Product Sale Page:
 Product End Date What other information would you like Where will funds be deposited? G/L Account Name: G/L Account #: Permission slip required? *Please note: when determining the pri PLUS \$0.40 to cover the MySchoolBuck 	e to add to your Product Sale Page:

Please send at least one week prior to the product start date.