

Journal Sheet Order Form

- 1) Please provide the following information to ensure your order is completed to your specifications.
- 2) Fax (1-402-476-7052) or mail this form to the League.

Date _____

Name _____

Municipality _____

Address _____

City/State/Zip _____

	QUANTITY
Income Distribution Journal Sheets (\$.70 each)	_____
Expense Distribution Journal Sheets (\$.70 each)	_____
Revenue & Expense Summary Sheets (\$.70 each)	_____
Three-ring Binder (\$10.00 each)	_____

The cost of postage will be added to the bill.

If you would like your sheets **COIL PUNCHED**, please check the appropriate box:

Punch on the **right-hand side**

Punch on the **left-hand side**

(Please double check the side you have selected to be punched!)

Thank you for your order!