

EMPLOYEE MERCHANDISE FORM

NAME: _____ EMPLOYEE NO: _____

DATE: _____ STORE PURCHASE: _____

Item code	QTY.	ITEM	RETAIL	CST.

Subtotal _____
Discount (_____)

TOTAL \$ _____
SALES TAX \$ _____

To be DEDUCTED from my paycheck.
Employee signature _____
Approved _____ Book _____ Computer _____