



SUNY
DOWNSTATE
Medical Center

STUDENT CENTER

Batch #: _____

Date Entered: _____

Initials: _____

SODA ORDER

Name: _____ Phone: _____

Group: _____ Acct # _____

- Your order will be directly charged to the FSA Account number entered above.
- If paying from some other source, please deposit payment to SCGB Acct: 40-41002-015

Event Location: _____

- Orders **will not be delivered outside the Student Center**; Must be picked-up at the Student Center Main Desk

Date Needed: _____ Time Needed: _____ AM ____ PM (check one)

Signature: _____

Comments:

QTY	Item	Price each	Extended Price
	Pepsi		
	Diet Pepsi		
	Sierra Mist		
	Ginger Ale		
	Seltzer		
	Cups - Sleeve of 50		
	Napkins - pack of 50		
	Forks - 50		
	Spoons - 50		
	Knives - 50		
	Small plates - 50		
	Large plates - 30		
	Jug of Iced Tea		
	Jug of Lemonade		
	Jug of Water		
Total:			