

Reindeer Lane Gift Shop®

Daily & Weekly Total Collections

School Name: _____ Phone #: _____

Chairperson's Name: _____ Phone #: _____

Treasurer's Name: _____ Phone #: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	WEEKLY TOTAL
\$ Sales								
\$ Sales								

TOTAL SALES

PLEASE NOTE:

Payment is due no later than three business days after the shop closes.

Please keep a copy of this for the Treasurer.



Make Your Payment By Fax if possible

(See page 22)

Remit With Payment To: Reindeer Lane Gift Shop®

PO BOX 2208

SUWANEE, GA 30024

Final Bill Calculations

This is your final bill & receipt. Please keep a copy for your records.



School Name: _____

City: _____ State: _____ Zip: _____

- A. Total Deposits including Sales Tax. A.\$ _____
- B. Adjusted Amount for Sales Tax Calculation. B.\$ _____
(Divide line A by 1+tax rate as a decimal. Enter the amount on line B)
ie. \$5,000 divided by 1.09 equals \$4,587.16
- C. Sales Tax Calculation. C.\$ _____
(Subtract line B from line A)
ie. \$5,000 minus \$4,587.16 equals \$412.84
- D. Profit Percentage Your Organization Chose. D.x 0. _____
(Example: If you chose 20%, then put .20)
- E. Profit Amount Your Organization Keeps. E.\$ _____
(Multiply line B and line D)
ie. \$4,587.16 multiplied by 0.20 equals \$917.43
- F. Early Sign-Up Bonus - **If Applicable! Skip if not! See Contract.** F.\$ _____
If no sign up bonus, then enter zero on line F
(Subtract line E from line B and Multiply the result by the %.)
(If 5% use .05) ie. \$3,669.73 multiplied by 0.05 equals \$183.49
This is not applicable if payment is not made within 3 days of the shop ending or if line F is less than \$1,500.00!
- G. Amount Your Organization Keeps G.\$ _____
(Add line E and line F)
ie. \$917.43 plus \$183.49 equals \$1,100.92
- H. **Total Amount Due** Reindeer Lane Gift Shop H.\$ _____
(Line A minus line G) (minus the vouchers collected total amount)
ie. \$3,669.73 plus \$412.84 equals \$4,085.57 – Voucher Sales = H

Please only send ONE check for your school's payment.
The name of your school must be included on check.

Make Your Payment By Fax if possible (SEE NEXT PAGE). If by mail remit payment to:>>>

****Include this sheet with payment. Do not place check in box with merchandise****

Reindeer Lane Gift Shop®
PO BOX 2208
SUWANEE, GA 30024



CHECK BY FAX FORM



Note: All written debt authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization

PLEASE FILL OUT COMPLETELY AND FAX TO 1-888-243-2391

*** Tape Your Check Here ***

1. Fill out your check clearly and completely made payable to Reindeer Lane Gift Shop.
2. Tape a copy of your check within the dotted line space provide on this form.
3. Fax this form with your attached check using the fine quality setting on your fax machine.
4. Destroy your check or keep it on file for your records. Reindeer Lane Gift Shop does not need your original check. Reindeer Lane Gift Shop will create an ACH entry from the fax copy of your check for payment.

We authorize Reindeer Lane Gift shop, hereinafter called COMPANY, to initiate debit entries to my Checking or Savings Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I hereby authorize COMPANY to initialize a debit entry to my checking account indicated on the check above and the depository named on the above check to debit the same to such account. I understand that COMPANY will keep a copy of my faxed checks for their protection. I certify that the above information is accurate and complete. I will not hold COMPANY legally liable for any lack of correctness on my part.

School Name:	ID Number:
Authorized Amount:	Date:
Signature:	Phone Number:
Printed Name:	Fax Number:
Bank Name:	Branch:
Routing Number:	Account Number:
City:	State: