

**McLaren Print System Order**

**Order No: 7328**  
**Order Date: 2014-11-24**  
**User: Kirstie Goolsby**  
**Phone: 586-978-7930**

**Ship Location: Kirstie Goolsby-Rizzo**  
**1030 Harrington, Suite 205**  
**Mt. Clemens, Michigan 48043**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 90352**  
**Dept Name: MMG Macomb**  
**Company Number: 810**

**Order Total Price: 11.63**

**Item Number: M-137-A**  
**Item Description: Request for Check**  
**Revision Date: 1/2012**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: Padded (100 Sheets Per Pad)**  
**Drill:**  
**Misc Info:**

**McLaren Medical Group**  
**REQUEST FOR CHECK**

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Please issue check payable to: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
For: \_\_\_\_\_  
\_\_\_\_\_  
Amount \$: \_\_\_\_\_  
Change to Account No.: \_\_\_\_\_ Requested by: \_\_\_\_\_  
 Mail  
 Deliver to: \_\_\_\_\_ Approved by: \_\_\_\_\_  
 Call when ready  
with a/c

**McLaren Medical Group**  
**REQUEST FOR CHECK**

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Please issue check payable to: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
For: \_\_\_\_\_  
\_\_\_\_\_  
Amount \$: \_\_\_\_\_  
Change to Account No.: \_\_\_\_\_ Requested by: \_\_\_\_\_  
 Mail  
 Deliver to: \_\_\_\_\_ Approved by: \_\_\_\_\_  
 Call when ready  
with a/c