ART & OFFICE

ORDER FORM

INTERNATIONAL SCHOOL OF CAPE TOWN YEAR 6 - 2018

EARNER NAME						
ELL	ном	E				
MAIL	NILFAX					
	COMPULSORY - SECT	TION A				
DESCRIPTION		REQ QTY	UNIT PRICE	TOTAL		
Pencil Art & Office HB single		8	R 2.85	R 22.80		
Ballpoint Stabilo Click Blue		6	R 9.55	R 57.30		
Eraser Large Plastic		2	R 4.40		R 8.80	
Glue Stick Bostik 36g		6	R 15.35	R 92.10		
Pencil Crayon F/Castell R/Range Pk12		2	R 33.00	R 66.00		
Fineliner Pilot Black		2	R 12.00	R 24.00		
Fibretip Koki's - Croxley pk 12 assorted		2	R 33.00	R 66.00		
Tissue Bx100 - GET 200 FOR FREE		4	R 19.85	R 79.40		
Whiteboard Marker Black		4	R 9.90	R 39.60		
Total A	- USE REF 1INT09		R 4	6.00		
SECTION B - IF YOU DON'T ALREADY HAVE THES			ITEMS. PLEASE TICK BELOW			
	SCRIPTION	QTY ADVISED	UNIT PRICE	OTV	TOTAL	
Sharpener 1 Hole Metal		1	R 4.00	NEG		
Ruler Clear Shatter Resist	30cm	2	R 3.30			
Calculator Sharp EL231		1	R 55.00			
Compass Metal Std		1	R 16.50			
Scissors Bluntnose 13cm Please Circle (RIGHT) or (LEFT)		1	R 7.90			
Pencil bag Canvas 33cm Zip in Front		1	R 29.00			
Flip File A4 30pg		1	R 30.00			
	es solid no holes - Transparent	1	R 8.00			
Total B	- USE REF 1INT09	'	R 157.00			
Grand Total A + B			107.00		R 613.00	
TERMS & CONDITIONS: (SECTION A is compulsory - order items in SECTION B by ticking the box along side it.)						
Please bring the neek	- (Occided A L. its compassing - order items in SEC	THOM R by t	icking the box a	long side it	:.)	
Disease materials	with ALL its contents to school on	the first o	lay.			
Please return your orde	er form to school by FRIDAY 27TH	OCTO	3ER 2017			
Payment must be made	e in full with order - kindly place pa	ayment in	envelope	provide	ed.	
Stationery Packs can b	e <u>collected</u> from school on <u>MONI</u>	DAY 4TH	DECEMB	ER 201	17	
METHOD OF PAYMEN						
CASH: Please ensure	that the correct amount is given. child's First Name & Surname toge	46	AINTOO			
	sind sit itst ivallie & Surfaille toge	etner with	11N 1 U9 as	s your r	eterence.	
	CC: 272 089 656 BRANCH: 026 509 Y THE FOLLOWING DETAILS:	MILNERT	ON		No.	
DD NO.					ART & OFFICE	
RD NO:LAST 3 DIGITS:						
PIRY DATE:	AUTH SIGNATURE:					