



DISCREPANCY FORM

Please fax this form to us within two weeks from delivery of your order.
This form is for missing or incorrect items only.

<u>ITEM CODE/DESCRIPTION</u>	<u>QUANTITY</u>	<u>STUDENT NAME</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

ORGANIZATION: _____
ADDRESS: _____
CITY: _____ STATE _____ ZIP CODE _____
COORDINATOR: _____
PHONE: _____

PLEASE FAX TO (508) 679-8288
Call us at (508) 679-2327 with any questions.