

**Florida Association of Legal Support Specialists, Inc.**

**PURCHASE REQUEST**

**Debbie Brooks and Fran Novak**  
 Fiscal Projects Co-Chairs  
 87 Berwick Circle  
 Shalimar, FL 32579



**PURCHASER – PLEASE PRINT:**

\_\_\_\_\_

[Name]

\_\_\_\_\_

[Street Address]


\_\_\_\_\_

[City, ST ZIP Code]

\_\_\_\_\_

[Phone] [Email]

*Sample:*



Florida Association of Legal Support Specialists, Inc.

**JANE A. SAMPLE, PLS, CLA, FRP**

Marion County Legal Support Association

DATE	ORDER TAKEN BY

QTY	CHOOSE PIN BACK OR MAGNET BACK	DESCRIPTION	UNIT PRICE	TOTAL
		Name Badge Information Required [ Please Print]:  Name: _____  Local Chapter or Member At Large:  _____	\$12.50	
SUBTOTAL				
TOTAL				

\_\_\_\_\_  
 Authorized By

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All Name Badges will be brought to the next quarterly meeting of FALSS and given to purchaser or a representative of purchaser. The above amount does not reflect shipping & handling fees.