



## Client Group Movie Ticket Order Form

PSH Processor: \_\_\_\_\_ Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Requested by: \_\_\_\_\_

|   | <u>Price Each</u> | <u>Quantity</u> | <u>Cost</u> |
|---|-------------------|-----------------|-------------|
| Consolidated Theaters   | \$8.50            | _____           | \$ _____    |
| <b>Cannot be used within the first two weeks of "new release" and an upcharge will apply for 3D movies.</b> |                   |                 |             |
| Regal   | \$9.00            | _____           | \$ _____    |
| <b>Can be used for all movies including new releases but there will be an upcharge for 3D movies.</b>       |                   |                 |             |
| <b>Total Price:</b>   |                   |                 | \$ _____    |

### METHOD OF PAYMENT

- Cash or Check
- Bill to next invoice (Employer)

Authorized Client Signature **Required:**

\_\_\_\_\_

### METHOD OF DELIVERY

- Hold for pick up at \_\_\_\_\_ office.
- Include in next payroll packet
- Mail separately to: \_\_\_\_\_  
\_\_\_\_\_