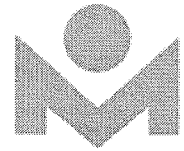


Reimbursement Examples

REQUEST FOR PURCHASE/REIMBURSEMENT



Vendor Name & Address

Lindsay Egle

2345 Abc

Oklahoma City, OK 73170

Vendor #: _____

Account #: 330

Department: Del City Library

TRANSACTION TYPE

☒ Reimburse/Pay (items already purchased)

Attach completed **Special Programming** Form for performers/presenters.

Attach any applicable receipts or paid invoices **SIGNED** by both the employee & supervisor.

☐ Order & Pay

Attach specifics on which items to purchase. Include printouts of images & websites for items.

Program Number	Description 1		Description 2					Qty.	Unit Price	Encumbrance
	Date	Item & Supplier	Expense	Program Library Only	Program Outreach Only	Age	Shared			
609	07/09/12	sheets*Walmart	SUP	GEN		YA		1	\$ 11.82	\$ 11.82
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
Total										\$ 11.82

AUTHORIZED SIGNATURE

DATE

BUSINESS OFFICE USE ONLY

REQUEST FOR REIMBURSEMENT

Reimburse Paid By (initial): _____

Date: _____

REQUEST FOR PURCHASE

Purchase Order No. _____

I hereby request the issuance and encumbrance of this purchase.

Date: _____ Signed: _____
Purchase Officer

Jindary Egle
Walmart 
Save money. Live better.

(405) 671 - 1007
MANAGER DALE JACKSON
5401 TINKER DIAGONAL ST
OKLAHOMA CITY OK 73115
ST# 0544 DP# 00007411 TR# 22 TR# 06467
FLT SHEET TW 030000111807 5.47 X
FLAT SHEET 084417B01373 5.47 X
SUBTOTAL 10.94
TAX 1 8.000 % 0.88
TOTAL 11.82 ✓
VISA TEND 11.82

ACCOUNT # **** *
APPROVAL # 581609
REF # 219100590758
TRANS ID - 0002191593719534
VALIDATION - 34K8
PAYMENT SERVICE - E
TERMINAL # 34008723

07/09/12 11:37:52
CHANGE DUE 0.00
ITEMS SOLD 2
PAID
07/09/12 11:37:52

"Like" Walmart on Facebook
www.facebook.com/Walmart
07/09/12 11:37:52

CUSTOMER COPY

...S#417, 9/11

REQUEST FOR PURCHASE/REIMBURSEMENT



Vendor Name & Address

Jana Hausburg

1234 XYZ

Oklahoma City, OK 73102

Vendor #: _____

Account #: 330

Department: Capitol Hill Library

TRANSACTION TYPE

☒ Reimburse/Pay (items already purchased)

Attach completed **Special Programming** Form for performers/presenters.

Attach any applicable receipts or paid invoices **SIGNED by both the employee & supervisor.**

☐ Order & Pay

Attach specifics on which items to purchase. Include printouts of images & websites for items.

Program Number	Description 1		Description 2					Qty.	Unit Price	Encumbrance
	Date	Item & Supplier	Expense	Program Library Only	Program Outreach Only	Age	Shared			
608	07/02/12	Water*Family Dollar	SUP	GEN		EO	OUT	1	\$ 4.34	\$ 4.34
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
Total										\$ 4.34

AUTHORIZED SIGNATURE

DATE

BUSINESS OFFICE USE ONLY

REQUEST FOR REIMBURSEMENT

Reimburse Paid By (initial): _____

Date: _____

REQUEST FOR PURCHASE

Purchase Order No. _____

I hereby request the issuance and encumbrance of this purchase.

Date: _____ Signed: _____
Purchase Officer

FAMILY DOLLAR

my family. my family dollar.
STORE #03552 2601 S WALKER AVE
OKLAHOMA CITY, OK, 405-632-8009

303

LYSOL DISIN WIPE CITRUS BONUS 110CT 4.75 T
019200833073
LYSOL DISIN WIPE CITRUS BONUS 110CT 4.75 T
019200833073
LYSOL DISIN WIPE CITRUS BONUS 110CT 4.75 T
019200833073
MB WATER 16.90Z 24PK 027541001235 4.00 T

0.00 *

4. x

8.375 %

0.34 *

SUBTOTAL \$18.25
TAX1 \$1.53
TOTAL \$19.78
VISA \$19.78

330

#####

PURCHASE

SWIPED

APPROVED

AUTH# 06998C

INVOICE-#: 113

07-02-2012 07:32:26

SEQUENCE-NO: 41736282

8.3592 tax

0.00 +

4.00 +

0.34 +

4.34 *

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT

Janetta Hausburg



99035520101130155233

25 2012

-----TEAR HERE-----
Take survey within 7 days for chance to
WIN \$500

Family Dollar Gift Card!
Call 1-800-454-8807 or
log on to www.cmiresearch.com/fdsurvey
Encuesta tambien disponible en Espanol

ITEMS 4
07-02-2012 12:32:35 03552 01 831164 0113

Open Mon-Sun 8am-10pm

Date:

7-5-12

NOTE: Neighborhood Arts

REQUEST FOR PURCHASE/REIMBURSEMENT



Vendor Name & Address

MC Petty Cash (Suzette Felton)

Vendor #: _____

Account #: 330

Department: Midwest City Library

TRANSACTION TYPE

☒ Reimburse/Pay (items already purchased)

Attach completed **Special Programming** Form for performers/presenters.

Attach any applicable receipts or paid invoices **SIGNED** by both the employee & supervisor.

☐ Order & Pay

Attach specifics on which items to purchase. Include printouts of images & websites for items.

Program Number	Description 1		Description 2					Qty.	Unit Price	Encumbrance
	Date	Item & Supplier	Expense	Program Library Only	Program Outreach Only	Age	Shared			
611	07/06/12	Bey Blades*Walmart	SUP	GEN		YA		1	\$ 23.91	\$ 23.91
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
Total										\$ 23.91

AUTHORIZED SIGNATURE _____

DATE _____

BUSINESS OFFICE USE ONLY

REQUEST FOR REIMBURSEMENT

Reimburse Paid By (initial): _____

Date: _____

REQUEST FOR PURCHASE

Purchase Order No. _____

I hereby request the issuance and encumbrance of this purchase.

Date: _____ Signed: _____

Purchase Officer

71012
Walmart 
Save money. Live better.

(405) 769 - 2164
MANAGER RONNIE ANDERSON
9011 NE 23RD ST
OKLAHOMA CITY OK 73141

ST# 3430	OP# 00002728	TE# 26	TR# 06486
BEYBLADE	065356966659		7.97 0
BEY LACERTA	065356959309		7.97 0
BEYBLADE	065356964731		7.97 0
SUBTOTAL			23.91
TOTAL			23.91 ✓
CASH	TEND		24.00
CHANGE DUE			0.09

PAID
MAY 25 2012

ITEMS SOLD 3

6255 3227 3651 5390 6997



"Like" Walmart on Facebook
www.facebook.com/Walmart

MLS #417, 9/11

Performer or Presenter

Examples

METROPOLITAN LIBRARY SYSTEM

SPECIAL PROGRAMMING

(This form must be attached to a RFP to be processed for payment)

Name: Monica Buck

Address: PO Box [REDACTED]

City: Oklahoma City

State: OK

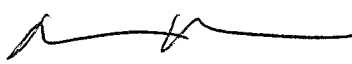
Zip: 73162

Tax ID# or Social Security #:

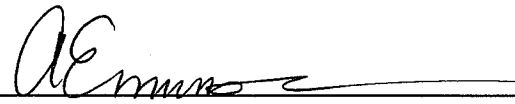
Description of Program:

Juggling performance & workshop
Kids will learn how to spin a plate on a stick & toss 3 ball juggling

Date	Location	Time	Fee for Performance
7/31/13	Northwest Library	2:00 PM	100.00
TOTAL FEES			100.00


Signature of Performer or Instructor

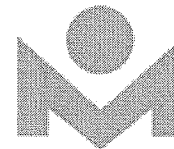
4/24/13
Date


Approved by MLS Representative

4/29/13
Date

Additional Instructions (indicate payment date and delivery arrangements):

REQUEST FOR PURCHASE/REIMBURSEMENT



Vendor Name & Address

Monica Buck

POBox **██████**

Oklahoma City, OK 73162

Vendor #: _____

Account #: 330

Department: Northwest Library

TRANSACTION TYPE

☒ Reimburse/Pay (items already purchased)

Attach completed **Special Programming** Form for performers/presenters.

Attach any applicable receipts or paid invoices **SIGNED** by both the employee & supervisor.

☐ Order & Pay

Attach specifics on which items to purchase. Include printouts of images & websites for items.

Program Number	Description 1		Description 2					Qty.	Unit Price	Encumbrance
	Date	Item & Supplier	Expense	Program Library Only	Program Outreach Only	Age	Shared			
616	07/13/13	Juggling Workshop	PER	GEN		EL		1	\$ 100.00	\$ 100.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
Total										\$ 100.00

AUTHORIZED SIGNATURE

DATE

BUSINESS OFFICE USE ONLY

REQUEST FOR REIMBURSEMENT

Reimburse Paid By (initial): _____

Date: _____

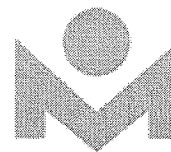
REQUEST FOR PURCHASE

Purchase Order No. _____

I hereby request the issuance and encumbrance of this purchase.

Date: _____ Signed: _____
Purchase Officer

REQUEST FOR PURCHASE/REIMBURSEMENT



Vendor Name & Address

Megan Cox

[REDACTED]

Edmond, OK 73025

Vendor #: _____

Account #: 330

Department: Belle Isle Library

TRANSACTION TYPE

☒ Reimburse/Pay (items already purchased)

Attach completed **Special Programming** Form for performers/presenters.

Attach any applicable receipts or paid invoices **SIGNED** by both the employee & supervisor.

☐ Order & Pay

Attach specifics on which items to purchase. Include printouts of images & websites for items.

Program Number	Description 1		Description 2					Qty.	Unit Price	Encumbrance
	Date	Item & Supplier	Expense	Program Library Only	Program Outreach Only	Age	Shared			
606	08/13/13	Jump Start Novel	PER	GEN		YA		1	\$ 120.00	\$ 120.00
606	09/17/13	Jump Start Novel	PER	GEN		YA		1	\$ 120.00	\$ 120.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
Total										\$ 240.00

AUTHORIZED SIGNATURE

DATE

BUSINESS OFFICE USE ONLY

REQUEST FOR REIMBURSEMENT

Reimburse Paid By (initial): _____

Date: _____

REQUEST FOR PURCHASE

Purchase Order No. _____

I hereby request the issuance and encumbrance of this purchase.

Date: _____ Signed: _____

Purchase Officer

METROPOLITAN LIBRARY SYSTEM

SPECIAL PROGRAMMING

(This form must be attached to a RFP to be processed for payment)

Name: Megan Cox

Address: [REDACTED]

City: Edmond

State: OK

Zip: 73025

Tax ID# or Social Security #: [REDACTED]

Description of Program: Beginning the Novel

Date	Location	Time	Fee for Performance
08/13-09/17	Belle Isle	7-8pm	240.00
TOTAL FEES			240.00



Signature of Performer or Instructor

4-10-13

Date



Approved by MLS Representative

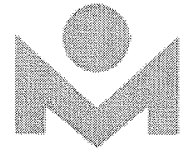
4-10-13

Date

Additional Instructions (indicate payment date and delivery arrangements):

Checks on 08/27 and 09/17

REQUEST FOR PURCHASE/REIMBURSEMENT



Vendor Name & Address

Monica Buck/Juggling Whatever

POBox [REDACTED]

Oklahoma City, OK 73156

Vendor #: _____

Account #: 330

Department: Belle Isle Library

TRANSACTION TYPE

☒ Reimburse/Pay (items already purchased)

Attach completed **Special Programming** Form for performers/presenters.

Attach any applicable receipts or paid invoices **SIGNED** by both the employee & supervisor.

☐ Order & Pay

Attach specifics on which items to purchase. Include printouts of images & websites for items.

Program Number	Description 1		Description 2					Qty.	Unit Price	Encumbrance
	Date	Item & Supplier	Expense	Program Library Only	Program Outreach Only	Age	Shared			
606	07/23/13	Juggling for Kids	PER	GEN		CL		1	\$ 150.00	\$ 150.00
606	07/23/13	Juggling for Teens	PER	GEN		TN		1	\$ 150.00	\$ 150.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
Total										\$ 300.00

AUTHORIZED SIGNATURE _____

DATE _____

BUSINESS OFFICE USE ONLY

REQUEST FOR REIMBURSEMENT

Reimburse Paid By (initial): _____

Date: _____

REQUEST FOR PURCHASE

Purchase Order No. _____

I hereby request the issuance and encumbrance of this purchase.

Date: _____ Signed: _____

Purchase Officer

5485

METROPOLITAN LIBRARY SYSTEM

SPECIAL PROGRAMMING

(This form must be attached to a RFP to be processed for payment)

Name: Monica Buck

Address:

City:

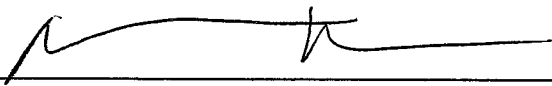
State:

Zip:

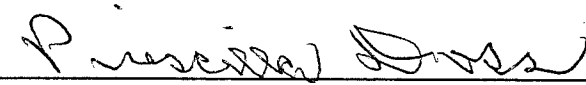
Tax ID# or Social Security #:

Description of Program: Juggling for Kids and Juggling for Teens

Date	Location	Time	Fee for Performance
7/23/13	Belle Isle Library-Juggling for Kids	2pm	150.00
7/23/13	Belle Isle Library-Juggling for Teens	3pm	150.00
TOTAL FEES			300.00


Signature of Performer or Instructor

2/24/13
Date


Approved by MLS Representative

Date

Additional Instructions (indicate payment date and delivery arrangements):

JuggleWhatever will arrive 30 minutes early to set up and check in at the front desk. Check will be hand delivered the day of the performance.

Affidavit Signed: 10/19/12

Affidavit Expires: 10/18/13

Comments:

MAR 11 2013

REQUEST FOR PURCHASE/REIMBURSEMENT



Vendor Name & Address

Debbie Langston

[REDACTED]

Bethany, OK 73008

Vendor #: _____

Account #: 330

Department: Capitol Hill Library

TRANSACTION TYPE

☒ Reimburse/Pay (items already purchased)

Attach completed **Special Programming** Form for performers/presenters.

Attach any applicable receipts or paid invoices **SIGNED** by both the employee & supervisor.

☐ Order & Pay

Attach specifics on which items to purchase. Include printouts of images & websites for items.

Program Number	Description 1		Description 2					Qty.	Unit Price	Encumbrance
	Date	Item & Supplier	Expense	Program Library Only	Program Outreach Only	Age	Shared			
608	07/13/13	Art in the Afternoon	PER	OTH		CL		1	\$ 70.00	\$ 70.00
608	08/10/13	Art in the Afternoon	PER	OTH		CL		1	\$ 70.00	\$ 70.00
608	09/14/13	Art in the Afternoon	PER	OTH		CL		1	\$ 70.00	\$ 70.00
608	10/12/13	Art in the Afternoon	PER	OTH		CL		1	\$ 70.00	\$ 70.00
608	11/09/13	Art in the Afternoon	PER	OTH		CL		1	\$ 70.00	\$ 70.00
608	12/14/13	Art in the Afternoon	PER	OTH		CL		1	\$ 70.00	\$ 70.00
										\$ 0.00
										\$ 0.00
Total										\$ 420.00

AUTHORIZED SIGNATURE _____

DATE _____

BUSINESS OFFICE USE ONLY

REQUEST FOR REIMBURSEMENT

Reimburse Paid By (initial): _____

Date: _____

REQUEST FOR PURCHASE

Purchase Order No. _____

I hereby request the issuance and encumbrance of this purchase.

Date: _____ Signed: _____

Purchase Officer

1423

METROPOLITAN LIBRARY SYSTEM

SPECIAL PROGRAMMING

(This form must be attached to a RFP to be processed for payment)

Name: Debbie Langston

Address: [REDACTED]

City: OKC

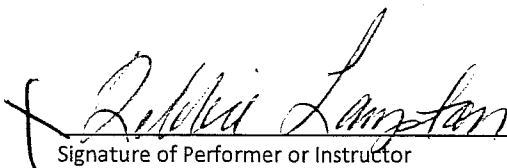
State: OK

Zip: 73116


Tax ID# or Social Security #: [REDACTED]

Description of Program: Art in the Afternoon- Saturdays 2013

Date	Location	Time	Fee for Performance
7/13/13	CH	2pm	70.00
8/10/13	CH	2pm	70.00
9/14/13	CH	2pm	70.00
10/12/13	CH	2pm	70.00
11/9/13	CH	2pm	70.00
12/14/13	CH	2pm	70.00
TOTAL FEES			420.00


Signature of Performer or Instructor

4/3/2013
Date


Approved by MLS Representative

4/8/13
Date

Additional Instructions (indicate payment date and delivery arrangements):

Affidavit Signed: 4-24-13

Affidavit Expires: 4-23-14

Comments: _____

REQUEST FOR PURCHASE/REIMBURSEMENT



Vendor Name & Address

Ms. Joy Cavett

[REDACTED]

Oklahoma City, OK

Vendor #: _____

Account #: 330

Department: Warr Acres Library

TRANSACTION TYPE

☒ Reimburse/Pay (items already purchased)

Attach completed **Special Programming** Form for performers/presenters.

Attach any applicable receipts or paid invoices **SIGNED by both the employee & supervisor.**

☐ Order & Pay

Attach specifics on which items to purchase. Include printouts of images & websites for items.

Program Number	Description 1		Description 2					Qty.	Unit Price	Encumbrance
	Date	Item & Supplier	Expense	Program Library Only	Program Outreach Only	Age	Shared			
615	09/18/13	Playtime Music 9:15	PER	STO		PK		1	\$ 75.00	\$ 75.00
615	09/18/13	Playtime Music 10:30	PER	STO		PK		1	\$ 75.00	\$ 75.00
615	09/25/13	Playtime Music 9:15	PER	STO		PK		1	\$ 75.00	\$ 75.00
615	09/25/13	Playtime Music 10:30	PER	STO		PK		1	\$ 75.00	\$ 75.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
Total										\$ 300.00

AUTHORIZED SIGNATURE _____

DATE _____

BUSINESS OFFICE USE ONLY

REQUEST FOR REIMBURSEMENT

Reimburse Paid By (initial): _____

Date: _____

REQUEST FOR PURCHASE

Purchase Order No. _____

I hereby request the issuance and encumbrance of this purchase.

Date: _____ Signed: _____
Purchase Officer

METROPOLITAN LIBRARY SYSTEM

SPECIAL PROGRAMMING

(This form must be attached to a RFP to be processed for payment)

Name: Ms. Joy Cavett

Address: [REDACTED]

City: Oklahoma City,

State: OK

Zip: 73112

X

Tax ID# or Social Security #: [REDACTED]

Description of Program: Joy will host two days or 4 sessions of Play Times for Babies and Tots, and she will present a musical story time at the end of each Play Time for September 18 and 25, 2013

Date	Location	Time	Fee for Performance
Sept 18	Warr Acres Library	09:15 a.m	150.00
Sept. 25	War Acres Library	9:15 a.m.	150.00
TOTAL FEES			300.00

X

Signature of Performer or Instructor

Date

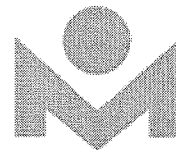
Approved by MLS Representative

Date

Additional Instructions (indicate payment date and delivery arrangements):

Order & Pay Examples

REQUEST FOR PURCHASE/REIMBURSEMENT



Vendor Name & Address

Amazon.com

Vendor #: _____

Account #: 330

Department: Capitol Hill Library

TRANSACTION TYPE

☐ Reimburse/Pay (items already purchased)

Attach completed **Special Programming** Form for performers/presenters.

Attach any applicable receipts or paid invoices **SIGNED** by both the employee & supervisor.

☒ Order & Pay

Attach specifics on which items to purchase. Include printouts of images & websites for items.

Program Number	Description 1		Description 2					Qty.	Unit Price	Encumbrance
	Date	Item & Supplier	Expense	Program Library Only	Program Outreach Only	Age	Shared			
608	06/18/13	Pony Beads	SUP	GEN		CL		1	\$ 8.14	\$ 8.14
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
Total										\$ 8.14

AUTHORIZED SIGNATURE

DATE

BUSINESS OFFICE USE ONLY

REQUEST FOR REIMBURSEMENT

Reimburse Paid By (initial): _____

Date: _____

REQUEST FOR PURCHASE

Purchase Order No. _____

I hereby request the issuance and encumbrance of this purchase.

Date: _____ Signed: _____
Purchase Officer

Join Prime

Your Amazon.com Today's Deals Gift Cards Sell Help

Shop by
Department

Search

Arts, Crafts & Sewing

beads

Go

Hello, Sign In
Your AccountJoin
Prime

0

Cart

Wish
List

Arts, Crafts & Sewing

Best Sellers

Sewing

Scrapbooking

Art Supplies

Fabric

Craft Supplies

Knitting & Crochet

Jewelry-Making

Projects & Kits

New Arrivals

[Share your own customer images](#)

Darice - Pony Beads 9mm 1 Pound/Pkg

by [Darice](#)

(33 customer reviews)

List Price: ~~\$10.49~~Price: **\$8.14 & FREE Shipping** on orders over \$25.[Details](#)

You Save: \$2.35 (22%)

Only 9 left in stock.Sold by [Stock Your Home](#) and [Fulfilled by Amazon](#). Gift-wrap available.Want it tomorrow, June 19? Order within 6 hrs 25 mins and choose **One-Day Shipping** at checkout. [Details](#)Color: **Pearlized Multi**

• 0728-36

• 082676681652

• Brand New Item / Unopened Product

• Darice

15 new from \$2.49

Quantity: 1

☐ Yes, I want **FREE Two-Day Shipping** with [Amazon Prime](#)

or

☐ Sign in to turn on 1-Click ordering.

More Buying Choices

Court House

Supplies

\$8.09 & FREE Shipping on orders over

\$25 [Details](#)

-Supernut

\$6.24 & FREE Shipping

LION

\$8.09 & FREE Shipping on orders over

\$25 [Details](#)**15 new** from \$2.49

Have one to sell?

[Share](#)

Frequently Bought Together



+



+

Price for all three: **\$27.42**[Show availability and shipping details](#)☒ **This item:** One Bag of 1 Lb Darice Pony Beads 9mm Pearlized Multi by Darice \$8.14☒ White Elastic Cord 100yd - Medium by S&S \$12.98☒ Pony Beads, Glow-in-the-Dark Colorful Mix, 6 x 9mm, 1000pc Pkg by Darice \$6.30

Customers Who Bought This Item Also Bought

Page 1 of 16

REQUEST FOR PURCHASE/REIMBURSEMENT



Vendor Name & Address

FactoryDirectCraft.com

Vendor #: _____

Account #: 330

Department: Downtown Library

TRANSACTION TYPE

☐ Reimburse/Pay (items already purchased)

Attach completed **Special Programming** Form for performers/presenters.

Attach any applicable receipts or paid invoices **SIGNED** by both the employee & supervisor.

☒ Order & Pay

Attach specifics on which items to purchase. Include printouts of images & websites for items.

Program Number	Description 1		Description 2					Qty.	Unit Price	Encumbrance
	Date	Item & Supplier	Expense	Program Library Only	Program Outreach Only	Age	Shared			
605	06/19/13	various crafts	SUP	GEN		EO		1	\$ 159.59	\$ 159.59
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
										\$ 0.00
Total										\$ 159.59

AUTHORIZED SIGNATURE

DATE

BUSINESS OFFICE USE ONLY

REQUEST FOR REIMBURSEMENT

Reimburse Paid By (initial): _____

Date: _____

REQUEST FOR PURCHASE

Purchase Order No. _____

I hereby request the issuance and encumbrance of this purchase.

Date: _____ Signed: _____

Purchase Officer

3-1/2" 3D Dura Foam Styrofoam Stars - 4pcs	Item# 01305	5 pcs	3.99	19.95
10" White Dowel Rods - 6pcs	Item# 09941	3 pcs	2.19	6.57
2oz Barn Red Apple Barrel Acrylic Paint	Item# 20577	2	1.49	2.98
2oz Cardinal Crimson Apple Barrel Acrylic Paint	Item# 20590	2	1.49	2.98
2oz Kelly Green Apple Barrel Acrylic Paint	Item# 20523	2	1.49	2.98
2oz Antique White Apple Barrel Acrylic Paint	Item# 20505	2	1.49	2.98
2oz White Apple Barrel Acrylic Paint	Item# 20503	2	1.49	2.98
2oz Orange Apple Barrel Acrylic Paint	Item# 20561	2	1.49	2.98
2oz Black Apple Barrel Acrylic Paint	Item# 20504	2	1.49	2.98
2oz Plum Kiss Apple Barrel Acrylic Paint	Item# 20246	2	1.49	2.98
2oz Christmas Green Apple Barrel Acrylic Paint	Item# 20529	2	1.49	2.98
Package of 6 - 12" Ruby Red Glitter Dimensional Star Picks	Item# 6430RD	3	2.99	8.97
Americana Acrylic Star Picks - 72pcs	Item# 35110P	1	3.99	3.99
Black Sparkling "BOO" Halloween Decoration	Item# 50217	3	1.29	3.87
Natural Burlap Fabric Sheet Size: 22" x 35"	Item# 3102668	1	4.99	4.99
Ribbon Shredder & Paper Cutter Set	Item# 4048	2	1.49	2.98
7" Metallic Gold Wire Grapevine Garland Ribbon - 9 feet	Item# W0168	1	3.99	3.99

1" Natural with Metallic Gold Sinamay Ribbon - 10 yards	Item# RCG0112	1	3.29	3.29
Package of 12 Silver Glitter Stars	Item# X1315SL	2	3.99	7.98
Purple Sparkle Tulle Netting - 10 yard Spool	Item# TUG061004	1	5.99	5.99
6" Gold Tulle Netting - 25 yards	Item# 11408GL	1	4.99	4.99
6" Red Tulle Netting - 25 yards	Item# 11408RD	1	4.99	4.99
Apple Green Sparkle Tulle Netting - 10 yards	Item# TUG061060	1	5.99	5.99
6" Emerald Green Tulle Netting - 25 yards	Item# 11408EM	1	5.99	5.99
Assorted Miniature Red and Green Clothespins - 24pcs	Item# CC990	1	1.69	1.69
Assorted Glitter Light Bulb Ornaments - Set of 5	Item# 01447	10	0.99	9.9
4" Leopard Print Double Bow	Item# 560114003	6	0.49	2.94
Black Tinsel Halloween Decorative Spider	Item# 52698	10	0.49	4.9
1/2" Red and White Gingham Bias Ribbon - 9 feet	Item# 1876135065	2	0.99	1.98
Retro Gold Circle Garland - 3 Feet	Item# 559007046	6	0.99	5.94
1/8" Acrylic Rhinestone-Look Silver Trim - 3 feet	Item# 1872667070	6	0.99	5.94
Metallic Shiny Red Twist Bead Garland - 9 feet	Item# BGLRT7	5	0.99	4.95

159.59