

St. Stanislaus Tri-Parish School Scrip Program Scrip On Hand Order Form

Name: _____ Date: _____

Credit School Family Name: _____

Vendor (%)	Quantity	Total	01/08/08
A & B Foods (5)	_____ @	\$ 20 \$ _____	
Albertsons (4)	_____ @	\$ 25 \$ _____	
Applebees (8)	_____ @	\$ 25 \$ _____	
Baskin Robbins (9)	_____ @	\$ 2 \$ _____	
Bath & Body Works (13)	_____ @	\$ 10 \$ _____	
Big 5 Sporting Goods (8)	_____ @	\$ 25 \$ _____	
Claire's (9)	_____ @	\$ 10 \$ _____	
Domino's Pizza (5)	_____ @	\$ 5 \$ _____	
El Sombrero (8)	_____ @	\$ 20 \$ _____	
Happy Day (5)	_____ @	\$ 25 \$ _____	
Home Depot (3)	_____ @	\$ 25 \$ _____	
JC Penney (5)	_____ @	\$ 25 \$ _____	
Jack in the Box (4)	_____ @	\$ 15 \$ _____	
Jo-Ann Fabrics (6)	_____ @	\$ 20 \$ _____	
K-Mart (4)	_____ @	\$ 25 \$ _____	
Macy's (9)	_____ @	\$ 25 \$ _____	
McDonalds (10)	_____ @	\$ 10 \$ _____	
Owl Pharmacy (10)	_____ @	\$ 10 \$ _____	
Papa Murphy's (40)	_____ @	\$ 5 \$ _____	
Polar Bear (6)	_____ @	\$ 10 \$ _____	
Red Lobster (9)	_____ @	\$ 25 \$ _____	
Roosters (10)	_____ @	\$ 20 \$ _____	
Rosauers (5)	_____ @	\$ 5 \$ _____	
Rosauers (5)	_____ @	\$ 20 \$ _____	
Ross Dress for Less (8)	_____ @	\$ 25 \$ _____	
Safeway (4)	_____ @	\$ 25 \$ _____	
Scrip Wallet (15)	_____ @	\$ 1 \$ _____	
Shopko (4)	_____ @	\$ 25 \$ _____	
Staples (5)	_____ @	\$ 25 \$ _____	
Starbuck's (7)	_____ @	\$ 25 \$ _____	
Wal-Mart (2)	_____ @	\$ 25 \$ _____	
Walgreens (2)	_____ @	\$ 20 \$ _____	
Wendy's (4)	_____ @	\$ 10 \$ _____	
Village Centre Cinemas	_____ @	\$ 8 \$ _____	

TOTALS _____ Check # _____

Please make your check payable to St. Stanislaus Tri-Parish School Scrip (SSTPS-Scrip)
PLEASE count your order immediately upon receipt and sign below.
Thank you for purchasing scrip.

I received the above ordered scrip. Signature: _____

For Office Use Only:

Order filled and verified by: _____

Please place check or cash received in scrip payment envelope.

Credit Card Orders	VISA	MC
Acct#		
Exp. Date:		
Name on Card:		
Street Address:		