

SCRIP COUNTER SALES FORM

NAME \_\_\_\_\_ Homeroom \_\_\_\_\_ Best Phone \_\_\_\_\_

Please submit 2 copies of this form in an envelope marked SCRIP Counter Sales

VENDOR	CARD		TOTAL		OFFICE USE
	VALUE	PURCHASED	\$ DUE		
<b>RESTAURANTS</b>					
<b>Applebees</b>	\$25				
<b>Boston Market</b>	\$10				
<b>Cheesecake Factory</b>	\$25				
<b>Chili's</b>	\$25				
<b>Chipolte</b>	\$10				
<b>Chipotle</b>	\$25				
<b>Cracker Barrel</b>	\$25				
<b>Dunkin Donuts</b>	\$10				
<b>Dunkin Donuts</b>	\$25				
<b>Outback</b>	\$25				
<b>PF Chang's</b>	\$25				
<b>Panera Bread</b>	\$10				
<b>Panera Bread</b>	\$25				
<b>Pizza Hut</b>	\$10				
<b>Starbucks</b>	\$10				
<b>Starbucks</b>	\$25				
<b>Taco Bell</b>	\$10				
<b>Texas Road House</b>	\$25				
<b>TGI Friday</b>	\$25				
<b>SUPERMARKET</b>					
<b>SHOPRITE</b>	\$25				
<b>SHOPRITE</b>	\$100				
<b>STOP &amp; SHOP</b>	\$25				
<b>STOP &amp; SHOP</b>	\$100				
<b>WHOLE FOODS</b>	\$25				

<b>WHOLE FOODS</b>	\$100				
<b><i>OTHER MERCHANTS</i></b>					
<b>AMAZON</b>	\$25				
<b>AMAZON</b>	\$100				
<b>BARNES &amp; NOBLE</b>	\$10				
<b>BARNES &amp; NOBLE</b>	\$25				
<b>BATH &amp; BODYWORKS</b>	\$10				
<b>Bath &amp; Bodyworks</b>	\$25				
<b>BED BATH &amp; BEYOND</b>	\$25				
<b>BEST BUY</b>	\$25				
<b>CVS</b>	\$25				
<b>GAP/OLD NAVY</b>	\$25				
<b>HOME DEPOT</b>	\$25				
<b>HOME DEPOT</b>	\$100				
<b>HOMEGOODS (TJMAXX, MARSHALLS)</b>	\$25				
<b>iTUNES</b>	\$15				
<b>iTUNES</b>	\$25				
<b>LOWES</b>	\$25				
<b>LOWES</b>	\$100				
<b>MACY'S</b>	\$25				
<b>PET SMART</b>	\$25				
<b>RITE AID</b>	\$25				
<b>TARGET</b>	\$25				
<b>TARGET</b>	\$10				
<b>WALGREENS</b>	\$25				
<b>WAWA</b>	\$25				
<b>WAWA</b>	\$100				
<b>VISA</b>	\$50				

<b>VISA</b>	\$100				

<b>GAS CARDS</b>					
<b>BP GAS</b>	\$50				
<b>SHELL</b>	\$25				
<b>SPEEDWAY</b>	\$25				
<b>SPEEDWAY</b>	\$100				

Total # of Cards Ordered \_\_\_\_\_ Total Payment Due \_\_\_\_\_

If paying by cash, **AMOUNT ENCLOSED \$** \_\_\_\_\_

If paying by check, **CHECK #** \_\_\_\_\_ Name on Check \_\_\_\_\_

I authorize the release of these cards to my child. I understand that St Benedict Catholic School is not responsible for lost or stolen cards.

I will pick up my cards at the School Office.