

SCRIP ORDER FORM

Family Name to Be Credited:	Order Date
Family Home Phone# (will be used as Id#):	
Name of Person Ordering with Phone#:	
Send home w/child - Yes No	Child's Name and Grade

Product	%	Denomination	# cards	Total Cost
				\$
Grand Total:				\$

Cash, money orders or checks* are acceptable. Please make checks payable to St. Josaphat Scrip Program
 *All checks returned for NSF will be charged a fee of \$35.

For Office Use Only:

Check#
Verified By:
Sorted/Distributed By:
Credit earned this order:

St. Josaphat H&S Scrip Receipt

Family Name Credited: _____ Date: _____
 Credits Earned this Order: _____
 Accumulated Credits to Date: _____

*Please keep this receipt & submit when redeeming credit - must be turned in by the 10th of the month
 *Must have earned at least \$20 in credit to redeem *Receipt valid for 2 years after issue