

SJS SCRIP STANDING ORDER

NAME _____

ACCOUNT _____

Place my order each month on (circle one or more):

1st Monday 2nd Monday 3rd Monday 4th Monday Every Monday

Payment (circle one): Cash Check Charge

Make checks payable to St. Joseph School.

| Store/Retailer | Denomination | Quantity | Total |
|--------------------|--------------|----------|-------|
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Grand Total | | | |

Standing orders will be filled on the designated weeks; completed orders will then be ready for pick up or sent home with your student as you have requested on your registration form. ***You may change or cancel your standing order one week before it is to be filled.***

SIGNATURE _____

DATE _____

BELOW FOR OFFICE USE ONLY

| Standing Order Delivery Verification | | |
|---------------------------------------|--------------------|--------------|
| Date Order Filled/Sent Out & Initials | Payment & Initials | Date Entered |
| September | | |
| October | | |
| November | | |
| December | | |
| January | | |
| February | | |
| March | | |
| April | | |
| May | | |
| June | | |

Received via: _____