Grocery Order Form 2020/2021

Last Name_____ Student Name _____

Check #_____ Contact # _____ Homeroom #_____

STORES	VALUE	QTY.	$ AMT		STORES	VALUE	QTY.	$ AMT
SHOPRITE	$25				WEGMANS	$25		
					WEGMANS	$50		
SHOPRITE	$50				WEGMANS	$100		
SHOPRITE	$100							
					WEIS	$25		
					WEIS	$100		

Subtotal _____   Subtotal _____

Grand Total:_____

1. Enter the quantity of each denomination by store.   *Grocery Order Total Only Please*
2. Enter the total dollar amount ordered. Please check your addition.
3. Enclose check and order form in the **voucher envelope** and return it to school.
4. **Please check your order for accuracy.**
5. Vouchers will be filled on Thursday**s only.**
6. Substitution of denominations may be necessary at times.

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