

GROCERY ORDER FORM 2025/2026

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: _____

**Grocery Order Total Only Please*

1. Enter the quantity of each denomination by store.
2. Enter the total dollar amount ordered.
3. Enclose check and order form in the Scrip **envelope** and return it to school.

*** Substitution of denominations may be necessary at times.

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