Harrison High Band Boosters

SCRIP To Go and Orders Form

Order Date/Pick Up _____ Parent Cell Phone _____

Student Last Name _____ Student First Name_____

Parent Last Name _____ Parent First Name_____

PLEASE FILL IN ORDER				**OFFICE USE ONLY**					
Card Name	*Quantity*	*Value*	*Total*	*To Go Quantity*	*To Go Value*	*To Go Dollar*	*Order Quantity*	*Order Value*	*Order Dollar*
KROGER		$25			$25			$25	
KROGER		$50			$50			$50	
KROGER		$100			$100			$100	
WALMART		$25			$25			$25	
WALMART		$100			$100			$100	
PUBLIX		$25			$25			$25	
PUBLIX		$50			$50			$50	
PUBLIX		$100			$100			$100	
TOTALS									

_____ **Double Check Denominations & Math** | Office Use Only

Purchaser Signature **Make checks payable to HHBB**

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OFFICE USE ONLY

Payment	**Order Total**		**Fee**		**Total**	**Check/Approval Number**
Check	_____	X	N/A	=	_____	_____
Credit Card	_____	X	1.03	=	_____	_____
Debit Card	_____	X	1.01	=	_____	_____
Total	_____				_____	

Scrip Rep Signature