

\$CRIP Voucher

Date: _____

Retailer: _____

Family Name: _____

Student to Credit: _____

Phone: _____

Transaction Information

Amount of transaction: _____

_____ % Gift / Rebate Earned: \$ _____

Date Credited: _____

Date Paid: _____ or Date Mailed: _____

Credit?: _____ Cash?: _____ Check #: _____

CUSTOMER'S COPY

\$CRIP Voucher

(present to retailer prior to service or mail with payment)

Date: _____

Retailer: _____

Family Name: _____

Student to Credit: _____

Phone: _____

Retailer Information

Amount of Purchase: \$ _____

_____ % Gift / Rebate Amount: \$ _____

Please fill out scrip copy and return with check.

Mail to: Jenison HS Band Office
Attn: Scrip Coordinator
2140 Bauer Road
Jenison, MI 49428

Jenison Band Booster \$CRIP use only

Date: _____ Proofed by: _____ Check #: _____

RETAILER'S / SCRIP COPY

\$CRIP Voucher

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Retailer: _____

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