TRIP ORDER FORM

Office Use

Last Name_____ Batch # _____

First Name_____ _____ _____

Walk-In _____

RET

Store Name	Profit	Denomination	Quantity	Total $	F	P
Food Lion	4%	$25				
		$50				
		$100				
Fresh Market	4%	$25				
		$100				
Kroger	4%	$25				
		$50				
		$100				
Lowe's Foods	4%	$25				
		$50				
		$100				
Other (Write in)						
TRIP PICKS		$10/15/20/25/50				

TOTAL _____

Procedures:
Make checks payable to OLL/TRIP (no cash)
A $25 fee will be charged on all returned checks.
Orders will be sent home in the Wednesday Mailer.

I understand and agree that OLL and the TRIP committee are not responsible for lost, stolen or misplaced TRIP orders. 8/16/06

Check #_____

Youngest Child's Classroom and Teacher_____

Signature_____ **Date**_____

THANK YOU FOR YOUR BUSINESS!