

IMMACULATE CONCEPTION PARISH  
Scrip Program  
Purchase Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Vendor	Value	Credit Rate	Amount
Acme	\$25/\$100	3%	
AMC Theatre	25.00	4%	
American Eagle	25.00	4%	
Applebee's	25.00	4%	
Auntie Anne's	10.00	4%	
Barnes & Noble	10.00	5%	
Bath & Body Works	10.00	7%	
Bed Bath & Beyond	25.00	4%	
Blockbuster	10.00	4%	
Cheesecake Factory	25.00	3%	
Chili's	25.00	5%	
Claire's	10.00	5%	
CVS	25.00	3%	
Dick's Sporting Goods	25.00	3%	
Dunkin Donuts	10.00	2%	
Flynn & O'Hara	25.00	5%	
Genuardi's	25/100	2.0%	
Giant	25/100	3%	
Home Depot	25.00	2%	
iTunes	15.00	2%	
JC Penny	25.00	3%	
J.Crew	25.00	7%	
Kohl's	25.00	2%	
Lowe's	25.00	2%	
Macy's	25.00	5%	
Old Navy/GAP/Banana Republic	25.00	5%	
Olive Garden/Red Lobster	25.00	5%	
Outback Steakhouse/Bonefish Grill	25.00	3%	
Panera Bread	10.00	5%	
Payless	20.00	6%	
PetSmart	25.00	2%	
Regal/United Artists Theatre	25.00	4%	
Rita's Water Ice	5.00	5%	
Rose Uniforms	25.00	4%	
Sears	25.00	2%	
Sephora	20.00	2%	
Shop Rite	25/100	3%	
Starbucks	10.00	4%	
TJ Maxx/HomeGoods/Marshalls	25.00	4%	
Toys R Us/Babies R Us	20.00	1%	
Walgreens	25.00	3%	
Wal-mart/Sam's Club	25/100	1%	
WAWA	25/100	1%	
Wendy's	10.00	2%	
TOTAL			

To be completed by seller:	Amount
Cash _____	
Check No. _____	