

Order Date \_\_\_\_\_

Last/First Name \_\_\_\_\_

Student ID \_\_\_\_\_

Phone \_\_\_\_\_

Payment must accompany order. Please make checks payable to MHS PTSA. Thank you for supporting MHS PTSA.

I'd like to order Ocean Supermarket scrip with the amount of:

\$ \_\_\_\_\_ (Must be in \$10 denominations)

\_\_\_\_\_ It is OK to send scrip home with my child name: \_\_\_\_\_

\_\_\_\_\_ I prefer to come on Weds. at 2pm to pick up my scrip.

**Milpitas High School  
PTSA  
2007 - 2008  
SCRIP ORDER FORM**

**FOR SCRIP PERSONNEL:**  
Date \_\_\_\_\_  
Filled By \_\_\_\_\_  
Chk #/Rcpt # \_\_\_\_\_  
Amount \_\_\_\_\_  
Signature \_\_\_\_\_

Order Date \_\_\_\_\_

Last/First Name \_\_\_\_\_

Student ID \_\_\_\_\_

Phone \_\_\_\_\_

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