

CCS SCRIP ORDER FORM

Name _____

Date _____

Apply Credit to _____

_____ **Send home with** _____

_____ **I will pick up in the CCS Office**

Coordinator Use Only

Vendor	Amount	%
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Orders are due 9:00 AM Tuesday morning!
Checks payable to CCS
For full listing of vendors visit www.glscrip.com

208 East Main Street • PO Box 58 • Pease, MN 56363

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