

MACS Special Bill Pay Scrip Forms

Date _____ / _____ / _____

Purchaser Name: _____ Credit to: _____ Future Family: _____

Purchaser Phone Number: _____

Please provide the first and last name of the parent that the credit is going to. The credit may also be applied to an approved parish or organization.

Scrip is a MACS Fundraiser. The credit is divided 50/50 with MACS/Current or Future Family Tuition or Local Parish

Rc'd by _____ (Initials) _____

Pd Cash _____

Pd Check _____

Pay Your Bills Through Scrip

	Amount of Bill	Rebate %	Rebate \$	Total pd to Vendor
Vendor	\$ 4,200.00	10%	\$ 42.00	\$ 4,158.00
DJ Mart		3%		
Express Mart		10%		
Martell Tire		2%		
Spring St. Sports		2%		
Thaler Oil		3%		

For Central Office Use Only:

Prepared Deposit by: _____ on date _____

Check Payment Request sent to Bookkeeper (date) _____ with Scrip

Check sent to Vendor (date) _____

Entered Voucher in R.R. (date) _____ and filed _____

Rev 101824