

The Geneva School
Tuition Assistance Program
Local Order Form

NAME	_____
TELEPHONE #	_____
STUDENT NAME	_____
DATE	_____
EMAIL ADDRESS	_____

For Bookkeeping Use

Order Number _____

Received By _____

Tallied By _____

Delivered By _____

Recorded by _____

	Retailer Name	Disc %	Denomination	Quantity	Gross Amount
	GERRITY'S	5%	\$5		
	GERRITY'S	5%	\$20		
	SHEETZ	3%	\$25		
	GIANT	5%	\$25		
	WEIS/MR. Z	5%	\$25		
	WEIS/MR. Z	5%	\$50		

Total Credit	Tuition Credit	Initial

TOTAL	_____
Check#	_____

School Credit _____

Attach Cash, Check or Money Order for amount of order. Make checks payable to GS-TAP.

***We cannot always guarantee the exact denominations you indicate on your order form. Orders will be filled with denominations available.**