





Eligible Products	



<b>OPERATOR INFO</b>	ORMATION
	All fields required
<b>Check Here:</b> O	Yes, I am a K-12 Foodservice Operator
School District Name	
Contact Name	
Contact Title	
Mailing Address	
Walling Address	
P.O. Box (no P.O. Box unless a physical address is )	provided above)
City	Zip
Phone	
Email Address*	
Co-op/buying Group/GPO	
Distributor House	
Distributor City	Distributor State
DSR Name	
DSR Fmail*	
	and communications from General Mills Foodservice.

CALCULATE YOUR REBATE						
Product Type	# of cases	\$ per case		Total		
		Х	=			
Total Cases =	(500 case maximum)	Total Rebate =  aximum) (\$1,500 maximum)				

## **TO RECEIVE YOUR REBATE**











