





Eligible Products	

OPERATOR INFORMATION					
All fields required					
Check Here: Yes, I am a K-12 Foodservice Operator					
School District Name					
Contact Name					
Contact Title					
Mailing Address					
P.O. BOX (no P.O. Box unless a physical address is provide	rd above)				
City	StateZip				
Phone					
Email Address	To receive additional offers and communications from General Mills Foodservice.				
Distributor House					
Distributor City					
DSR Name					
DSR Email	To receive additional offers and communications from General Mills Foodservice.				

CALCULATE YOUR REBATE						
Product Type	# of cases	\$ per case		Total		
		X	=			
Total Cases =	(500 case maximum)					

TO RECEIVE YOUR REBATE











