



Eligible Products  Code Product Information				
Code	Product Information			



## OPERATOR INFORMATION All fields required for redemption.

## **(Check ONE)** I am a Foodservice Operator in the following segment:

Restaurant B&I	C-Store Healthcare	9	Lodging Other				
Establishment							
Contact Name							
Contact Title							
Mailing Address							
City		State	Zip				
Phone							
Email Address	To	o receive additional offers and communi	cations from General Mills Foodservice.				
Distributor House							
Distributor City .		Distributor Sta	ate				
DSR Name							

## **CALCULATE YOUR REBATE**

Product Type	# of cases	Cost per cas	se Total
		Х	=
		Х	=
		Х	=
		Х	=
		Х	=
		Х	=
		Х	=
		Х	=
Total Cases =		Total Rebate	=
	(2 case minimum		(\$500 maximum)

## **TO RECEIVE YOUR REBATE**











