

2016 Cookie Boothing Form

Troop #: _____

Cookie / Booth Chair Name: _____

Date: _____

Chair Phone Number: _____

Booth Location / Time Period: _____

Parent(s) at Site: _____

	GOC	Sav Smiles	Trefoils	Do-Si-Dos	Samoas	Rah-Rah Raisins	Tagalongs	Thin Mints	Toffee-tastic	Total
A. Starting # of Boxes										
B. # of Boxes Added										
C. Ending # of Boxes										
D. Total Boxes Sold										
E. List of Donations										Total
F. List of Credit Cards										Total
Balancing Money	\$1	\$5	\$10	\$20	\$50	\$100	Coin	Checks	Total	
G. Cash On Hand										
H. Less: Beginning Cash										
I. Amount to Deposit										

Total Sales at this Booth (D*5+E) _____

Less: Cash Remitted/CC Processed (F+I) _____

Reconciliation – Difference Should Be ZERO

Girls / Box Allocation Worksheet

Girls Boothed	Start Time	End Time	Hrs Worked	Boxes Allocated	GOC Allocated
				Total Allocated	
				Left to Allocate	

Entered into eBudde

Yes

No

Notes

2016 Cookie Boothing Form

Troop #: _____

Cookie / Booth Chair Name: _____

Date: _____

Chair Phone Number: _____

Booth Location / Time Period: _____

Parent(s) at Site: _____

	GOC	Sav Smiles	Trefoils	Do-Si-Dos	Samoas	Rah-Rah Raisins	Tagalongs	Thin Mints	Toffee-tastic	Total
Use this area for tallying your boxes sold during the Booth										
Total Boxes Sold (Balance to Row D)										