

2017 Cookie Booting 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	Tagalongs	Thin Mints	GS S'mores	Toffee-tastic	Total
A. Starting # of Boxes										
B. # of Boxes Added										
C. Ending # of Boxes										
D. Total Boxes Sold (\$5)										
E. Total Boxes Sold (\$6)										
F. List of Donations										Total
G. List of Credit Cards										Total
Balancing Money	\$1	\$5	\$10	\$20	\$50	\$100	Coin	Checks	Total	
H. Cash On Hand										
I. Less: Beginning Cash										
J. Amount to Deposit										

Total Sales at this Booth ((D*\$5)+(E*\$6)+F) _____

Less: Cash/Checks deposted/CC Processed (G+J) _____

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

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	GOC	Sav Smiles	Trefoils	Do-Si-Dos	Samoas	Tagalongs	Thin Mints	GS S'mores	Toffee- tastic	Total
Use this area for tallying your boxes sold during the Booth										
Total Boxes Sold (Balance to Rows D&E)										