



Girl Scouts of the Chesapeake Bay Council, Inc.

2010 Troop Cookie Program Final Report Form

018-PSD

Service Unit: _____ Troop: _____ Level: (circle one) Daisy Brownie Junior Cadette Senior Ambassador

Troop Cookie Program Manager name: _____

Address: _____ City _____ State _____ Zip _____

Phones: H _____ W _____ C _____

Email: _____

Troop Cookie Order Summary (in cases)

Varieties	Initial Order	Cupboard pickup/ Troop Transfer Transactions	Total Cases Received
Lemon Chalet			
Trefoils			
Do-Si-Dos			
Samoas			
Dulce de Leche			
Thank U Berry Munch			
Tagalongs			
Thin Mints			
Total Cases			(A)

Operation Taste of Home (OTH) in boxes:
Must turn in boxes or money

_____ (C) = Total boxes sold
- (minus)
_____ (D) = # boxes turned in
Turned in where? _____
Date turned in? _____
=
_____ (E) = Total OTH boxes
(C - D = E)

Calculation of Troop Average:

(A)	x 12 =	(B)	+	(E)	=	(F)	÷	=	(N)
Number of cases		Boxes		OTH boxes		Total boxes sold		Number of girls selling	Troop Per Girl Average

Gross cookie sales revenue - number of cases from above (A) _____ X \$42	\$	(G)
Amount of OTH boxes not included in order - number of boxes from above (E) _____ x \$3.50	\$	(H)
Total gross cookie sales - (G + H = I)	\$	(I)
Subtract Troop proceeds - total boxes sold from above (F) _____ x \$ _____ <small>See Troop proceeds chart in manual; profit based on PGA. Troop per girl average from above (N)</small>	\$	(J)
Amount due Council - (I - J = K)	\$	(K)
Amount paid (fill in deposit details in space provided below); attach bank deposits	\$	(L)
Balance due/overpayment - (K - L = M) <i>(Please attach explanation/documentation for balance due. Troop must follow guidelines in Troop Cookie Manual for collecting past due money from parents in order to receive credit from Council.)</i>	\$	(M)

Submitted a Parent/Guardian Past-Due form for _____ \$ _____
Name of parent - attach copy of form Amount owed

Date of Deposit <small>(at least one per week)</small>	Deposit Amount	Name of Bank/Branch where deposit was made	Date Deposit Ticket sent to: SUCM or given to Cupboard
1			
2			
3			
4			
5			
6			
7			
Deposit Total:	\$ _____ (L)	Deadline for deposit of all monies owed to Council: March 10, 2010	

Troop Cookie Manager signature _____

Date _____

Troop Leader signature _____

Date _____

