

TROOP FINAL REPORT

DO NOT SHORT YOUR TROOP.
Retain your entire troop earnings
even if you have outstanding
money

T-6

Troop #/Level _____ Service Unit _____

Troop Cookie Manager Name _____

Phone Number - Day _____ Address _____

Complete this form and return to Cookie Chair/Cookie Contact by March 12, 2010. Keep a copy for troop records

A. # of CASES ordered _____ X \$48.00 per CASE \$ _____ (A)

B. Troop Earnings

# of CASES ordered	(\$0.57/box)	_____	X \$6.84 per CASE	1. D/B/J/C/S/A Recog Awards
---choose one---	(\$0.60/box)	_____	X \$7.20 per CASE	2. D/B/J/C/S/A Recog Awards AND participated in Fall Product 2009
	(\$0.63/box)	_____	X \$7.56 per CASE	3. J/C/S/A No Recog Awards
	(\$0.66/box)	_____	X \$7.92 per CASE	4. J/C/S/A No Recog Awards AND participated in Fall Product 2009

B. Troop Earnings \$ _____ (B)

C. Goal Getter Sales

of BOXES ordered _____ X \$0.____ per BOX (same as above /BOX)

C. Goal Getter Sales \$ _____ (C)

- \$ _____ (B+C)

D. Troop Bonus – To qualify, determine the following:

of CASES ordered by troop _____ ÷ # of Girls Selling _____ = _____ cases
MUST EQUAL at least 10 Cases

If so, then continue

of CASES ordered _____ X \$0.60 per CASE - \$ _____ (D)
(additional \$0.05/box)

E. Amount due to Council (subtract lines B+C and D from Line A) \$ _____ (E)

Less any Outstanding Money (list below) - \$ _____

Actual amount deposited into Council Account \$ _____

Amount due to Council - Line E - MUST equal the total of your deposit slip receipts – the amount deposited into the Council's Cookie Account.

If the amounts are the same, do not list any names below. If the amounts are not the same, please determine discrepancy and use the space below to list outstanding monies.

OUTSTANDING MONEY

Parent's Name	Address/Phone	Girl's Name	Amount due	# of boxes sold

GIFT OF CARING

Please include agency designated by your troop & the number of boxes.

Agency	# of boxes