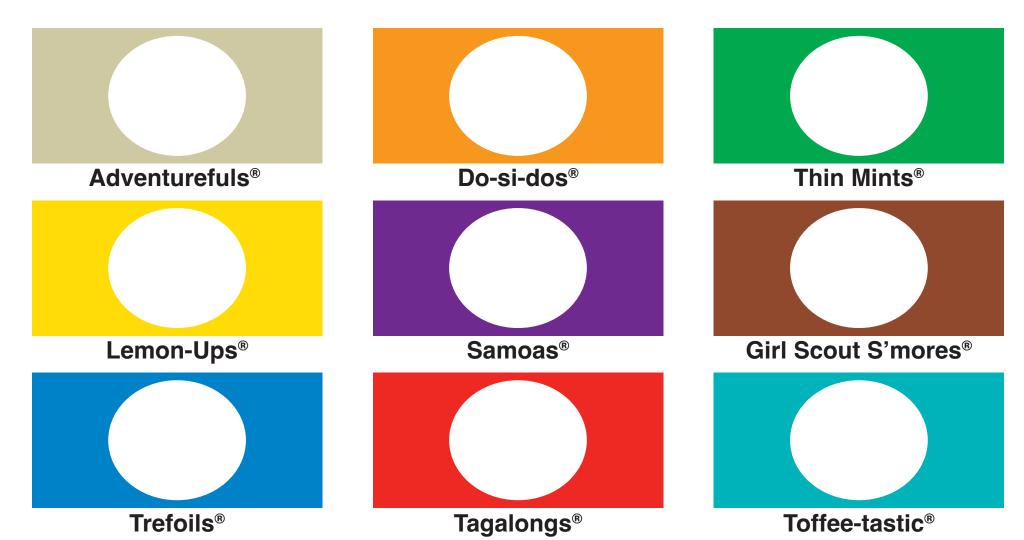
Troop#: \_\_\_\_\_ Total Cases Picked Up: \_\_\_\_ Time of Pick Up: \_\_\_\_

Pick Up Location: \_\_\_\_\_ Contactless: \_\_\_\_\_





Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_