



# COOKIE SALES RECORD FORM

*(Guider: retain this portion for your records.)*

Name: \_\_\_\_\_ Phone No. (res) \_\_\_\_\_ (bus) \_\_\_\_\_

Unit: \_\_\_\_\_

Number of Cases of Cookies \_\_\_\_\_ @ \$ \_\_\_\_\_ per case = Cost of Cookies \$ \_\_\_\_\_ \*\*

\*\* Please remit this amount to the Unit by: \_\_\_\_\_

***A zero tolerance for missing or misappropriated funds has been adopted. If outstanding funds are not remitted by the designated date, collection action will be taken.***

I acknowledge receipt of the number of Cases of Cookies shown above, and undertake to remit to the Unit by the date stated the amount of funds due.

\_\_\_\_\_  
Cookie Recipient's Signature

\_\_\_\_\_  
Date

For Guider's Use Only

Date \_\_\_\_\_ Amount Rec'd \_\_\_\_\_  Cash  Cheque Initials \_\_\_\_\_



*(Guider: Return this portion to the Cookie Recipient on receipt of payment.)*

Amount Owing: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Balance Owing: \_\_\_\_\_

\_\_\_\_\_  
Guider's Signature

\_\_\_\_\_  
Date



*(Cookie Recipient: return this portion to the Unit with your payment.)*

Name: \_\_\_\_\_ Phone No. (res) \_\_\_\_\_ (bus) \_\_\_\_\_

Unit: \_\_\_\_\_

Number of Cases of Cookies \_\_\_\_\_ @ \$ \_\_\_\_\_ per case = Cost of Cookies \$ \_\_\_\_\_ \*\*

\*\* Please remit this amount to the Unit by: \_\_\_\_\_

***A zero tolerance for missing or misappropriated funds has been adopted. If outstanding funds are not remitted by the designated date, collection action will be taken.***

I acknowledge receipt of the number of Cases of Cookies shown above, and undertake to remit to the Unit by the date stated the amount of funds due.

\_\_\_\_\_  
Cookie Recipient's Signature

\_\_\_\_\_  
Date