



Booth Sale Cookie Tally Form

Sale Location/Site _____

Date of Sale _____ Time _____

Adult responsible for this booth (print name) _____

Cash/Change box amount received \$ _____

X _____ Date _____

Signature--(Sign for cookies and cash box prior to sale.)

<u>Cookie</u>	<u>Packages Started With</u>	<u>Packages Ended With</u>	<u>Packages Sold</u>
Toast-Yay!			
Adventurefuls			
Lemonades			
Shortbread			
Thin Mints			
Peanut Butter Patties			
Carmel De Lites			
Peanut Butter Sandwiches			
Gluten Free			

Cash box starting amount: \$ _____

Total packages sold _____ X \$5.00= \$ _____

Total GF packages sold _____ X \$6.00=\$ _____

Cash Box ending amount: \$ _____

Credit Card sales total amount: \$ _____

Enter the names of the girls participating at the booth sale location.

X _____

TCM Signature- (Sign only when you receive accurate cookies and funds back from the adult in charge of this booth sale.)