

Cookie Booth Tally Sheet

Troop _____ Date _____

Time _____ Location _____



Cookie Selection	Adventurefuls	Toast-yay!	Lemonades	Shortbread	Thin Mints	Peanut Butter Patties	Caramel deLites	Peanut Butter Sandwich	Caramel Chocolate Chip
Beginning Inventory									
Ending Inventory									
Total Packages Sold									

Names Girl Scouts & Adults	Start Time	End Time	Total Hours Worked	Cookies Credited

Donations	
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Ending Cash	
(-) Starting Cash	
(=) Amount Received	

Please return the completed form to the troop cookie chair by _____.