

Date: _____ Time: _____ Booth Site Location: _____

Troop #: _____ Troop Cookie Chair: _____ Phone: _____

Notes: _____

		Adventurefuls	Toast-Yay	Lemonades	Shortbread	Thin Mints	Peanut Butter Patties	Caramel deLites	Peanut Butter Sandwich	Gluten Free Caramel Chocolate Chip	Totals
A.	Troop Packages at Start of Booth										
B.	Packages Added										
C.	Total Packages (A +B)										
D.	Packages Left After Booth										
E.	Packages Sold (C-D)										

Girl's Cookie Booth Time Sheet

Girl's Name	Starting Time	Ending Time	Hours Worked

Ending Cash	
(-) Starting Cash	
(=) Amount Received This amount should equal boxes sold	