

COOKIE TRACKING RECORD

AB-Council-27

YEAR _____

The caregiver is required to sign in the appropriate box for acceptance of the girl's cookie order and this form will acknowledge the amount owing to the unit. Cookie funds are due back to the unit by the date stated by the unit. Girl Guides of Canada has zero tolerance for missing or misappropriated funds. If outstanding funds are not remitted by the designated date, further collection action will be taken.

Unit Name and Number: _____

District: _____

COOKIES TAKEN								AMOUNT RECEIVED/RETURNED						
CASE(S) #	YOUTH MEMBERS NAME ONE NAME PER SHEET UNLESS FROM SAME FAMILY	MINT OR CLASSIC	DATE	HOW MANY COOKIES	BOX OR CASE (B or C)	AMOUNT OWING	CAREGIVERS SIGNATURE	DATE RECEIVED	AMOUNT RECEIVED	C A S H	C H Q	INITIALS FOR MONEY RECEIVED CAREGIVER & GUIDER	Direct Pay TRX #	COOKIES RET'D (B or C)
CAREGIVERS NAME:							ADDRESS & PHONE NUMBER:							
Email address:														

This form is for internal use within Girl Guides of Canada, Guides du Canada and will serve as confirmation for our financial records. Upon request a copy may be sent to you upon completion.