

ANY Cookie Surplus Distribution Form

Initial Allocation:	
Area:	
District (if applicable):	
Other (if applicable):	
Total # Cases Initially Allocated (Surplus):	
Total # Cases Distributed:	
Remaining # Allocation Amount (to be billed to Area/District):	

Surplus Distributed To:					
Unit Name	Unit iMIS#	# of Cases	Signature	Print Name	Date

Cookie Surplus Distribution Form: Please ensure that only surplus cases distributed are tracked on this form, not the case collection form. Units must complete all require fields and provide signature for cases taken. **These cases will be added to the Receiving Unit's Cookie Final Allocation.** Please return this form to any-cookies@girlguides.ca