



☐ SHOW & SELL ☐ TAKE ORDER

Unit Product Receipt

Date of Receipt _____

District _____

Cub Pack # _____

Scout Troop # _____

Varsity Team # _____

Explorer Post # _____

Design on Case	# Per Case	Product Description	Full Cases	Individual Containers
	1	3-Way Tin		
	6	24 oz. White Choc. Caramel Crunch Tin		
	6	24 oz. Chocolate Caramel Crunch Tin		
	6	28 oz. Gourmet Caramel Corn Tin		
	6	15 Pack Butter Microwave		
	6	15 Pack Butter Light Microwave		
	12	12 oz. Caramel Corn with Peanuts Tin		
	6	2.5 lb. Popping Corn Pail		
	—	Other _____		
		Total		

I acknowledge receipt of the above popcorn.

Total \$ Value

Signature _____ Money Due By: _____

Name _____ Unit Position _____

Street Address _____ Business Phone (____) _____

City _____ Home Phone (____) _____

State _____ Zip _____

Retain white copy for Council records and forward yellow copy to District Chairperson. Provide Unit with pink copy.

FORM 172280 01/00