Fall Product Program Receipt Fall Product Program Receipt Thank you for supporting **Girl Scouts of California's Central Coast!** Thank you for supporting **Girl Scouts of California's Central Coast!** Parent/Leader: _____ Date: _____ Parent/Leader: _____ Date: _____ Troop #: _____ SU #: ____ Girl's Name: ____ Troop #: _____ SU #: ____ Girl's Name: ____ Otv Product Otv Product Oty | Product **Qty** | **Product** Care to Share \$7 Dark Chocolate Sea Salt Caramels \$8 Care to Share \$7 Dark Chocolate Sea Salt Caramels \$8 Honey Roasted Peanuts \$7 English Butter Toffee \$8 Honey Roasted Peanuts \$7 English Butter Toffee \$8 Peanut Butter Penguins \$7 Chocolate Covered Almonds \$9 Peanut Butter Penguins \$7 Chocolate Covered Almonds \$9 Whole Cashews \$10 Butter Toffee Peanuts \$7 Whole Cashews \$10 Butter Toffee Peanuts \$7 Chocolate Covered Raisins \$7 Everything Seasoned Cashews \$10 Chocolate Covered Raisins \$7 Everything Seasoned Cashews \$10 Fruit Slices \$7 Snow Scape Tin with Chocolate Covered Pretzels \$11 Fruit Slices \$7 Snow Scape Tin with Chocolate Covered Pretzels \$11 Honey BBO Snack Mix \$7 Penguin Tin with Peppermint Bark Rounds \$11 Honey BBO Snack Mix \$7 Penguin Tin with Peppermint Bark Rounds \$11 Dulce Daisies \$7 Dulce Daisies \$7 Girl Scout Tin with Milk Chocolate Mint Trefoils \$11 Girl Scout Tin with Milk Chocolate Mint Trefoils \$11 Total # of Units: _____ Due By: _____ Total # of Units: _____ Due By: _____ Total \$ Paid: _____ Cash: ____ Check: ___ Total \$ Paid: _____ Cash: ____ Check: ___ Products received and payment responsibility accepted by: Products received and payment responsibility accepted by: Received By (Signature): ______ Date: _____ Received By (Signature): ______ Date: _____ Received From (Signature): ______ Date: Received From (Signature): ______ Date: _____ Fall Product Program Receipt **Fall Product Program Receipt** Thank you for supporting Girl Scouts of California's Central Coast! Thank you for supporting Girl Scouts of California's Central Coast! Parent/Leader: Parent/Leader: _____ Troop #: _____ SU #: ____ Girl's Name: ____ Troop #: _____ SU #: ____ Girl's Name: ____ Qty | Product Oty | Product Oty | Product Oty | Product Care to Share \$7 Dark Chocolate Sea Salt Caramels \$8 Care to Share \$7 Dark Chocolate Sea Salt Caramels \$8 Honey Roasted Peanuts \$7 English Butter Toffee \$8 Honey Roasted Peanuts \$7 English Butter Toffee \$8 Peanut Butter Penguins \$7 Chocolate Covered Almonds \$9 Peanut Butter Penguins \$7 Chocolate Covered Almonds \$9 Butter Toffee Peanuts \$7 Whole Cashews \$10 Butter Toffee Peanuts \$7 Whole Cashews \$10 Chocolate Covered Raisins \$7 Everything Seasoned Cashews \$10 Chocolate Covered Raisins \$7 Everything Seasoned Cashews \$10 Fruit Slices \$7 Snow Scape Tin with Chocolate Covered Pretzels \$11 Fruit Slices \$7 Snow Scape Tin with Chocolate Covered Pretzels \$11 Honey BBQ Snack Mix \$7 Penguin Tin with Peppermint Bark Rounds \$11 Honey BBQ Snack Mix \$7 Penguin Tin with Peppermint Bark Rounds \$11 Dulce Daisies \$7 Girl Scout Tin with Milk Chocolate Mint Trefoils \$11 Dulce Daisies \$7 Girl Scout Tin with Milk Chocolate Mint Trefoils \$11 Total # of Units: _____ Due By: _____ Total # of Units: _____ Due By: _____ Total \$ Paid: _____ Cash: ____ Check: ____ Total \$ Paid: _____ Cash: ____ Check: ___ Products received and payment responsibility accepted by: Products received and payment responsibility accepted by: Received By (Signature): _____ Date: _____ Date: _____ Received By (Signature): _____ Date: _____ Date: _____