

Cookie Program Transfer of Responsibility

I, _____ of Troop/Group # _____ SU _____, do
accept all responsibility for payment to Girl Scouts of Southern Nevada for the product listed below that I have received
from _____ of Troop/Group # _____ SU _____.

VARIETY	# OF ITEMS
Adventurefuls	
Lemon Ups	
Trefoils	
Do-Si-Dos	
Samoas	
Tagalongs	
Thin Mints	
S'mores	
Toffee-Tastics	
TOTAL:	

Date _____

Signature – Transferring Out Troop

Signature – Receiving Troop (eBudde Entry

One Copy: To SUEC
One Copy: To each troop

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