| | |
|---|---|
| **District** | |
| **Pack #** | |
| **Troop #** | |
| **Crew #** | |
| **Post #** | |

# UNIT MASTER RECORD
## Summary of Order and Money
## O = Ordered R = Received
***For Berks and Schuylkill Counties***
***First Sale Only***

| | |
|---|---|
| **Product Chair's Name/Phone** | **Home** |
| | **Work** |
| **email** | **Fax** |
| **Adult Leaders Names & Phone Numbers** | |
| | **Home** |
| | **Home** |

| Scout's Name & Ph. | Prize Chosen | Total Containers Ordered/Total Containers Received | | | | | | | | | | | | | | | | | | | | | | | | Tot Amt. Due Unit | Payment Received | | Close Out (√) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Date | | MILITARY | | 30 Pack Microwave Variety | | 21 oz. Cheese 3-Way Tin | | 20 oz. Trai's End Mix | | 15 Pack Kettle Corn | | 24 oz. Choco. Caramel Crunch | | 23 oz. Gourmet Caramel Corn | | 18 oz. Caramel Corn Light | | 15 Pack Unbelievable Butter | | 15 Pack Butter Light | | 9.5 oz. Caramel Corn | | 6 Pack Butter Microwave | | | Date | Amount | |
| | | O | R | O | R | O | R | O | R | O | R | O | R | O | R | O | R | O | R | O | R | O | R | O | R | O | R | | | | |
| Name / Ph | | | | | | | | | | | | | | | | | | | | | | | | | | | | $0.00 | | | |
| Name / Ph | | | | | | | | | | | | | | | | | | | | | | | | | | | | $0.00 | | | |
| Name / Ph | | | | | | | | | | | | | | | | | | | | | | | | | | | | $0.00 | | | |
| Name / Ph | | | | | | | | | | | | | | | | | | | | | | | | | | | | $0.00 | | | |
| Name / Ph | | | | | | | | | | | | | | | | | | | | | | | | | | | | $0.00 | | | |
| Name / Ph | | | | | | | | | | | | | | | | | | | | | | | | | | | | $0.00 | | | |
| Name / Ph | | | | | | | | | | | | | | | | | | | | | | | | | | | | $0.00 | | | |
| Name / Ph | | | | | | | | | | | | | | | | | | | | | | | | | | | | $0.00 | | | |
| Name / Ph | | | | | | | | | | | | | | | | | | | | | | | | | | | | $0.00 | | | |
| Name / Ph | | | | | | | | | | | | | | | | | | | | | | | | | | | | $0.00 | | | |
| Name / Ph | | | | | | | | | | | | | | | | | | | | | | | | | | | | $0.00 | | | |
| Total | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | $0.00 | Total | $0.00 | |

**Chairperson will forward original to the Council office. Retain copy for your records.**

Form _____ of _____

**This form is downloadable with formulas in the Ordered Column at www.hmc-bsa.org**