

2020 PRODUCT SALE INVENTORY TRANSFER FORM

Each party participating in an inventory transfer should fill out their respective portion of this form and retain a copy for their records. It is the responsibility of the transferring unit to submit this form to Ann Brugger at ann.brugger@scouting.org immediately following the transaction. Transfers occurring after November 6, 2020 cannot be adjusted on unit invoices.

Product	# of Full Cases Transferred	# of Containers Transferred	Product	# of Full Cases Transferred	# of Containers Transferred
\$45 Premium Tin - Take Order Only	XX		\$15 Troops Salted Virginia Peanuts		
\$35 3-Way Cheesy Cheese Tin - Take Order Only	XX		\$15 Troops Honey Roasted Virginia Peanuts		
\$25 Supreme Caramel Crunch with Almonds, Pecans & Cashews			\$20 Dark Chocolatey Covered Almond Clusters - Take Order Only		
\$25 22-Pack Movie Theater Extra Butter Microwave Popcorn			\$20 Jumbo Cashews		
\$25 Chocolate Drizzled Caramel Popcorn - Take Order Only			\$38 Dark Chocolatey Covered Peanut Clusters - Take Order Only		
\$15 14-Pack Extra Butter Roasted Summer Corn			\$15 Milk Chocolatey Covered Peanut Clusters - Take Order Only		
\$15 White Cheddar Cheese Tin			\$24 Whit's Party Mix - Take Order Only		
\$15 12-Pack Sweet & Salty Kettle Corn Microwave Popcorn - Take Order Only			\$23 Honey Cinnamon Almonds - Take Order Only		
\$12 Purple Popping Corn Jar - Take Order Only			\$15 Peanut Brittle		
\$10 Caramel Corn Bag			\$15 Country Dill Pickle Virginia Peanuts - Take Order Only		
			\$20 Salt & Ground Pepper Virginia Peanuts		

Transferring From: _____
District *Unit Type* *Unit Number*

I agree that I am authorized on behalf of my unit to transfer the product listed above. I understand that once forwarded to the Hawk Mountain Council, this product will be deducted from my unit invoice, releasing my unit from payment and forfeiting the applicable commission from sales.

Print Name *Signature* *Date*

Received By: _____
District *Unit Type* *Unit Number*

I agree that I am authorized on behalf of the my unit to receive the product listed above. I understand that once forwarded to the Hawk Mountain Council, this product will be added to the unit invoice, making our unit responsible for applicable payment.

Print Name *Signature* *Date*