

2022 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 1, 2022 cannot be adjusted on unit invoices.

Product	# of Full Cases	# of Containers
\$10 Yellow Popping Corn		
\$10 Classic Caramel Corn		
\$20 Microwave Butter - 15 Pack		
\$20 Microwave Kettle Corn - 15 Pack		
\$20 Cheddar Cheese		
\$20 Jalapeno Cheese -Take Order		
\$20 Kettle Corn - Take Order		
\$25 Sea Salt Splash - Take Order		
\$25 Caramel w/Sea Salt		
\$30 Hometown Heroes Trio		
\$40 Cheese Lover's 4-Way - Take Order		
\$60 Chocolate Lover's 5-Way - Take Order		

Product	# of Full Cases	# of Containers
A \$50 4-Pack Gift Tower - Take Order		
B \$30 20 oz. Honey Roasted Virginia Peanuts - Take Order		
C \$30 Whit's Party Mix		
D \$28 Honey Cinnamon Almonds - Take Order		
E \$28 Jumbo Cashews		
F \$24 Dark Chocolatey Almond Clusters - Take Order		
G \$23 20 oz Salted Virginia Peanuts		
H \$19 Dark Chocolatey Covered Peanut Clusters - Take Order		
I \$19 Milk Chocolatey Covered Peanut Clusters - Take Order		
J \$18 12 oz. Salted Virginia Peanuts - Take Order		
K \$18 12 oz. Honey Roasted Virginia Peanuts		
L \$18 Homemade Peanut Brittle		

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* _____