

2024 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, 2024 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		
\$20 Kettle Corn - Take Order		
\$25 Caramel w/Sea Salt		
\$25 Peanut Butter Cup		
\$30 Classic Trio		
\$40 Cheese Lover's 4-Way - Take Order		
\$60 Chocolate Lover's 5-Way - Take Order		

Product	# of Full Cases	# of Containers
\$33 20 oz. Honey Roasted Virginia Peanuts - Take Order		
\$30 Honey Cinnamon Almonds - Take Order		
\$30 Jumbo Cashews		
\$28 20 oz Salted Virginia Peanuts		
\$27 Dark Chocolatey Almond Clusters - Take Order		
\$25 10.5 oz. Whit's Party Mix - New Size - Take Order		
\$25 Virginia Trail Mix - New Product! - Take Order		
\$22 Dark Chocolatey Covered Peanut Clusters - Take Order		
\$22 Milk Chocolatey Covered Peanut Clusters - Take Order		
\$22 Homemade Peanut Brittle		
\$21 12 oz. Honey Roasted Virginia Peanuts		
\$20 12 oz. Salted Virginia Peanuts - Take Order		
\$20 12 oz. Salt & Ground Pepper Peanuts - may not be returned.		

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*