

Parent/Guardian Receipt

Date: _____ SU #: _____ Troop#: _____

Received From: _____
Print name of Parent/Guardian Above

Name of Child: _____

Amount Due		Payment Method: (Please circle)
Payment		Cash Personal Check* Money Order
Balance Due		*Personal Checks are accepted at the discretion/risk of the Troop Cookie Manager or Troop Leader.

TCM Signature Parent/Guardian Signature

Routing:
White Copy: Troop Records
Yellow Copy: Parent/Guardian
Both parties must retain copies as proof of payment.

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