

2019 PRODUCT CHECKOUT/SWAP FORM

Unit Receiving Popcorn #: (4-digit): _____ District: _____ Date: _____

Check One: Pack Troop Team Crew Post Ship

Unit Rep. Signature: _____

Phone #: _____ Email: _____



Unit Swapping Popcorn #: (4-digit): _____ District: _____ Date: _____

Check One: Pack Troop Team Crew Post Ship

Unit Rep. Signature: _____

Phone #: _____ Email: _____

PRODUCT	# OF CHECKED OUT/SWAPPED CONTAINERS	\$ VALUE
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	Chocolate Lover's Collection (1/case)	_____ x \$60 = \$ _____
	Cheese Lovers Collection (1/case)	_____ x \$30 = \$ _____
	Chocolatey Caramel Crunch (12/case)	_____ x \$25 = \$ _____
	18 Pack Microwave Kettle Corn (6/case)	_____ x \$25 = \$ _____
	18 pack Microwave Unbelievable Butter (6/case)	_____ x \$20 = \$ _____
	Salted Caramel Crunch (12/case)	_____ x \$25 = \$ _____
	Premium Caramel Corn w/Almonds, Pecans (12/case)	_____ x \$20 = \$ _____
	White Cheddar Cheese Corn (12/case)	_____ x \$20 = \$ _____
	11 oz. Original Caramel Corn (12/case)	_____ x \$10 = \$ _____
	2 lb. Popping Corn (12/case)	_____ x \$10 = \$ _____

TOTAL PRODUCT CHECKED OUT/SWAPPED = \$ _____

OFFICE USE ONLY

Accepted by: District Kernel Initials: _____ Imputed on: _____ Verified on: _____