



TROOP QSP SALES TRANSMITTAL

Troop # _____ Service Unit _____ Troop Chairperson _____

Phone # _____ Email _____

Complete this form and submit with your troop's QSP order forms (*both the white and yellow copies*) to your Service Unit Fall Product Chair by **Monday, October 24, 2011**. Be sure all order forms are complete with girl's name, troop #, customer's name and full address. Be sure all address books are complete with each contact's full mailing address.

Total # of QSP Orders Enclosed	Total Dollar Amt of QSP Items Ordered
	\$

Note: Payments for QSP orders are deposited into the Troop's bank account.
DO NOT include Online Orders with this form; a detailed summary will be submitted at the end of the program.

Revised 4/19/2011



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