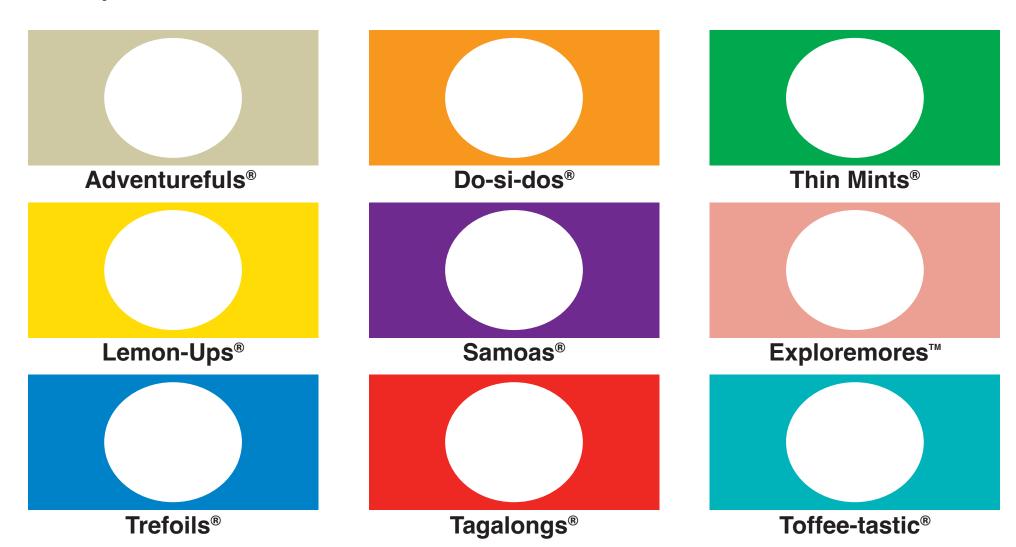
Troop#: _____ Total Cases Picked Up: ____ Time of Pick Up: ____

Pick Up Location: Contactless: _____





Received By: _____

Date Received: _____