Troop 53
Grocery & Supplies Shopping List

Outing/Campout:_____

Departure Date:_____ Return Date:_____# of Days:_____ # of Nights:_____

Number of People to Feed: Adults ___ Scouts ___ Total ___ Special Diet Needs:_____

Quarter Master to Purchase:
Supplies Needed for Troop Kitchen

Scout Volunteer to Purchase:
Grocery List

Item	Have	Need		Items to buy	Quantities*
Matches				Ice	
Salt/ Pepper				Ketchup/ Mustard	
Foil				Small Amts Flour/ Sugar	
Paper Towels				Spice:	
Hand soap				Drink(s):	
Dish soap					
Bleach					
Brillo Pad & Sponge					
Garbage Bags					
Mantles for lanterns					
Propane					
Charcoal					
Firewood					
Cooking Oil/ PAM Spray					
Water					
Toilet paper					

*** refer to page 321-322 in Scout Handbook for single serving sizes to help calculate amounts needed**

Scout Buying Food:_____ (Submit Receipts). QM Buying Supplies: _____(Submit Receipts)

Date Coolers Picked Up: _____ Date of Food Purchase:_____

Approved: SPL:_____ Approved SM:_____

**PL: Give copies to SPL, SM, QM and Scout Volunteer QM: Archive to Binder