



Girl Scout Cookie Activity Outstanding Balance Form

Troop Information:

Troop # _____ Service Area _____ Today's Date _____ 20____

Troop Product Sale Coordinator Information:

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Troop Leader Information:

Name _____

Home Phone _____ Work Phone _____

Person(s) responsible for past due payment:

Parent Names (both mother and father) _____

Girl's Name (first and last) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____

Mother's Employment _____ Work Phone _____

Father's Employment _____ Work Phone _____

Collection Attempt #1 _____

Collection Attempt #2 _____

Comments: _____

Outstanding Account Information	
Total Items Sold:	_____
Total Owed to troop:	\$ _____
Amount Received:	\$ _____
Outstanding Balance:	\$ _____
Check after attaching the following forms:	
___ Signed Parent/Guardian Permission Form	
___ Initials proving acceptance of product/copy and receipt	

For Office Use Only

Date: _____

_____ Received
 _____ First Letter
 _____ Second Letter
 _____ Payment Agreement/Terms

_____ Past Due list to Council Staff
 _____ Paid in Full/Attach Copy of Check
 _____ Sent to Collection Agency/Attorney

Comments: _____

Department: Product Sales	Approved by: COO
To Be Reviewed: June	Last Reviewed: July 2011
Last Revised: October 2009	Revision Number: 1