

# Outstanding Balance Form

Date: \_\_\_\_\_  Fall Product Program  Cookie Program

### Girl Information:

Name: \_\_\_\_\_ SU: \_\_\_\_\_ Troop #: \_\_\_\_\_  
 Mother & Father's Name: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mother's Employment: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Father's Employment: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Comments/Collection Notes: \_\_\_\_\_

### Troop Information:

Leader Name: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Product Coordinator Name: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**Outstanding Balance:**

Date: \_\_\_\_\_

Total Items Sold: \_\_\_\_\_

Money Owed to Troop:       \$ \_\_\_\_\_

Amount Received:           \$ \_\_\_\_\_

Outstanding Balance:       \$ \_\_\_\_\_

For Council Use	
Date:	Note:

- Please Attach:**
- Signed Parent/Guardian Permission Form
  - Signed Product Received Receipts