

Outstanding Balance Form

Date:	_ Fall Product Program Cookie Program
Girl Scout Information:	
Name:	SU: Troop #:
Caregiver's Name(s):	
Address	CityStateZip
Email:	
Phone:	Phone:
Caregiver #1's Employment:	Phone:
Caregiver #2's Employment:	Phone:
Comments/Collection Notes:	
Troop Information:	
Leader Name:	
Address	CityStateZip
Email:	
Phone:	Phone:
Product Coordinator Name:	
Address	CityStateZip
Email:	
Phone:	Phone:
Outstanding Balance:	For Council Use
Date:	
Total Items Sold:	Note:
Money Owed to Troop: \$	
Amount Received: \$	
Outstanding Balance: \$	
- -	
Please Attach:Signed Parent/Guardian Permission FSigned Product Received Receipts	orm