

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