girl scouts of central illinois

Outstanding Balance Form

Date: _____ ☐ **Fall Product Program** ☐ **Cookie Program**

Girl Scout Information:

Name: _____ SU: _____ Troop #:_____

Caregiver's Name(s): _____

Address_____City_____State_____Zip_____

Email:_____

Phone:_____ Phone:_____

Caregiver #1's Employment:_____ Phone:_____

Caregiver #2'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