

Outstanding Balance Form

Date: _____ Fall Product Program Cookie Program

Girl Information:

Name: _____ SU: _____ Troop #: _____
 Mother and Fathers Name: _____
 Address _____ City _____ State _____ Zip _____
 Email: _____
 Phone: _____ Phone: _____
 Mothers Employment: _____ Phone: _____
 Fathers 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: _____

<b style="color: #00a651;">Outstanding Balance:	
Date:	_____
Total Items Sold:	_____
Money Owed to Troop:	\$ _____
Amount Received:	\$ _____
Outstanding Balance:	\$ _____

<b style="color: #00a651;">For Council Use	
Date:	Note:

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