

Outstanding Balance Form

Date: _____ Fall Product Program Cookie Program

Girl Information:

Name: _____ SU: _____ Troop #: _____

Mother & 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: _____

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