

# 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