

Troop _____

Girl Scouts of Silver Sage Council, Inc.

Date _____

SU _____

COOKIE PRODUCT PROGRAM OUTSTANDING DEBT REPORT

TROOP LEADER INFORMATION:

Name _____

Address _____

City/Zip code _____

Phone _____

day

evening

TROOP PRODUCT MANAGER INFORMATION:

Name _____

Address _____

City/Zip code _____

Phone _____

day

evening

Make three contacts with the individual(s) who have not paid. Provide the following information: name of person who made call/contact, person contacted, date, response and comments:

1)

2)

3)

INFORMATION ON PERSON RESPONSIBLE FOR LOSS

Adult responsible for the loss _____

Girls Name _____

Complete Mailing Address _____

City

State

Zip

Physical Address _____

City

State

Zip

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

PARENT EMPLOYMENT INFORMATION

Mother _____

Father _____

Address _____

Address _____

City _____ Zip _____

City _____ Zip _____

Phone number _____

Phone number _____

Employer _____

Employer _____

Turn in the following:

- This completed Outstanding Debt Report
- Signed Original Parent Contract
- All signed receipts dealing with this transaction
- Copy of the Information and Consent Form

Record of Loss:

Number of Cookie Boxes Issued _____

Total amount due (# boxes X \$3.75): \$ _____

Amount responsible person has paid (\$ _____)

Total amount outstanding \$ _____

12% of outstanding amount is Troop Proceed Loss \$ _____

88% of outstanding amount is Council Loss \$ _____

Name/Position of person completing this form: _____

Phone: Day - _____ Evening - _____