Troop		
SU	Girl Scouts of Silver Sage	Date

## COOKIE PRODUCT PROGRAM OUTSTANDING DEBT REPORT

TROOP LEADER INFORMATION: Name	TROOP COOKIE MANAGER INFORMATION: Name Address		
Address			
City/Zip code	City/Zip code		
Phone	Phone		
day evening  **********************************	day evening		
Make three contacts with the individual(s) who have not partial contact, person contacted, date, response and comments:		on who made	
1)			
2)			
3)			
INFORMATION ON PE	ERSON RESPONSIBLE FOR LOSS		
Adult responsible for the loss	Girls Name		
Complete Mailing Address			
•	City State	Zip	
Physical Address	City State	Zip	
Day Phone: Evening Pho	ne: Cell Phone:		
PARENT EMPL  Mother	OYMENT INFORMATION  Father		
Address	Address		
CityZip		_Zip	
Phone number	Phone number		
Employer	Employer		
Turn in the following:	Record of Loss: Number of Cookie Boxes Issued		
<ul> <li>□ Completed Outstanding Debt Report</li> <li>□ Signed Parent Permission Slip AND/OR</li> <li>□ Signed Troop Cookie Manager Contract</li> <li>□ All signed receipts dealing with this transaction</li> </ul>	Total amount due (#boxes X \$3.75):	\$	
	Amount responsible person has paid	(\$	
	Total amount outstanding	\$	
The amount owed to council must be paid in full prior to submitting the outstanding debt form. Once all documentation has been submitted, it will be verified and 88% of the outstanding debt owed will be issued to the Troop Leader on file.	12% of outstanding amount is Troop Proceed Loss	\$	
	88% of outstanding amount is Council Loss	\$	
	S.U. Proceeds (#boxes X \$0.01)	\$	
Name/Position of person completing this form:			
Phone: Day - Evening	T _		