

# Outstanding Cookie Account



This form cannot be processed without the following attachments for verification:

1. Signed Parent Permission Form
2. Copy of Signed Troop Worksheet

SU # \_\_\_\_\_ Troop # \_\_\_\_\_ Girl Scout's Name \_\_\_\_\_

**Parent/Guardian 1**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

**Parent/Guardian 2**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

**Cookies Received By:** \_\_\_\_\_

**Permission Slip Signed By:** \_\_\_\_\_

<b>Cookies Received</b>	<b># Boxes</b> _____
<b>Amount Due</b>	<b>\$</b> _____
<b>Amount Paid to Troop</b>	<b>\$</b> _____
<b>Amount Outstanding</b>	<b>\$</b> _____

1. **Describe attempts to collect** - Include dates contacted, method of contact (phone, personal or written) and other relevant information. If reason for non-payment was given, please state. (Use back, if necessary)

*I understand that in submitting this report, along with all the required verification, (see page 1), I am relieved of the responsibility of collection of this account. The outstanding account is now the property and responsibility of the Girl Scouts of Suffolk County. I will direct any additional payment to the Service Center.*

Name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Troop Leader \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_