

# Outstanding Money Report

Use this form for Cookie Sale money owed to the troop or the council for any reason. The troop should **NOT** pay any amount of money that was **NOT** collected. Mail 1) white copy, 2) copies of all signed permission slip, receipts for cookies taken by the individual and money received from the individual to: **Girl Scouts of Minnesota and Wisconsin Lakes and Pines, Attn: Product Sales Department, 400 2<sup>nd</sup> Ave S., Waite Park, MN 56387**

**FAMILY OR INDIVIDUAL OWING**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Spouse's Name \_\_\_\_\_ **Girl Scout's Name** \_\_\_\_\_

**How to figure what the individual owes:**

- A. Total packages sold \_\_\_\_\_ x \$3.50= \$ \_\_\_\_\_ Total owed by individual
- B. Minus product paid for - \$ \_\_\_\_\_ Paid by individual
- C. Amount unpaid = \$ \_\_\_\_\_ Balance owed by individual

**NOTE: REMEMBER TO TAKE OUT YOUR TOTAL TROOP PROFIT** (*ALL packages x \$.50 or \$.55*) before you pay the council. This will ensure the troop receives their proceeds for all sales. When the above amount is collected, we will know that the troop has already been paid the correct amount. **THANK YOU!**

**RECORD OF COLLECTION ATTEMPTS**

Please record contact dates and comments made before you send this to the Council office. Please print and be specific. **Use the reverse side if necessary:**

Date of Contact	Comments/Arrangements
_____	_____
_____	_____
_____	_____
_____	_____

**TROOP INFORMATION**

Troop Cookie Manager \_\_\_\_\_

Troop Cookie Manager's Address, City, ST Zip \_\_\_\_\_

Troop Cookie Manager's Phone: Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

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

Troop Leader's Address, City, ST Zip \_\_\_\_\_

Troop Leader's Phone: Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

<b>For Office Use Only:</b>		<b>Cookie Sale</b>
Collection Agency _____	Date Sent _____	Amount Due _____