



Girl Scout Year: 20____
Product Sales Program (select one):
____ Fall Product ____ Cookie Program

Balance Owed Report from:

Service Unit ____ Troop ____

- **Troops** should complete this form to report a parent who owes money to their troop for product from the Product Sales Program. Please attach the girl's Parent/Guardian Permission Form. This reported amount will be deducted from the total amount of council proceeds due from the troop. Please submit this completed form with Troop Program Packet and a check or money order for new amount of council proceeds due as directed by your Service Unit Product Program Manager. Completion and submission of this report releases the troop of financial responsibility of outstanding balance. Please use one (1) form per girl.
- **Service Units** should complete this form to report a troop still owing council proceeds due for participation in a Product Sales Program. Please attach the signed Managers' Agreement for the troop. Completion and submission of this report releases the Service Unit Product Manager of financial responsibility of outstanding balance. Please use one (1) form per troop.

Please complete the appropriate information:

TROOP # _____

Girl's Information Amount Owed \$ _____

Girl's Name _____

Parent/Guardian Name 1. _____

Street Address _____

City, State & Zip _____

Phone number(s) (H) _____ (C) _____

Email Address _____

Parent/Guardian Name 2. _____

Street Address _____

City, State & Zip _____

Phone number(s) (H) _____ (C) _____

Email Address _____

SERVICE UNIT # _____ **TROOP #** _____

Troop's Information

Amount Owed \$ _____

Troop Product Manager's (TPM) Name

Address _____

Phone(s) (H) _____ (C) _____

Email Address _____

Troop Leader's Name _____

Address _____

Phone(s) (H) _____ (C) _____

Email Address _____

STEP 1: Make three (3) contacts (in person, phone, and/or email) with the above individual who has not paid. Provide the name of individual who made the call/contact, person contacted, date, response and comments.

1. _____
2. _____
3. _____

Use reverse side or extra sheets, if necessary.

Submitted by: _____
Name Phone Number

STEP 2: Please STAPLE to this report any signed receipt(s) you have of receipt of products for the above individual.

STEP 3: Submit this report as directed by your Service Unit Product Program Manager or to GSHPA, Finance Department, 350 Hale Ave., Harrisburg, PA 17104.

Questions about this form? Email banking@gshpa.org.

White Copy—Council Yellow Copy—Service Unit Pink Copy—Troop