



OUTSTANDING DEBT REPORT  
GIRL DEBT

Troop Number

Service Unit Name/Number

Please print.

**Important: Council will only start the collection process if the signed Parent Permission Slip, receipts, and email/text conversations are attached.**

Troop Cookie Program Manager

Telephone

Email

Troop Leader

Telephone

Email

Person completing form

Position

Telephone

**Responsible Party's Information**

Responsible Party

(Parent/Guardian. Important: Attach signed permission slip)

Girl Scout's full name

Responsible Party's address

City

Zip

Home Telephone

Cell

Email

**Amount Due to Council:**

( \_\_\_\_\_ × \$4.00) + ( \_\_\_\_\_ × \$5.50) = \_\_\_\_\_

No. of boxes received

Price per box

No. of Toffee-tastic & Girl Scout S'mores packages received

Price per box

Total Amount Due

\_\_\_\_\_

-

=

\_\_\_\_\_

\_\_\_\_\_

Total Amount Due

Amount paid (attach receipts)

Amount due to Council

**Record of Collection Attempts**

Please be specific. If you need additional space, please use the back of this form.

Dates of Contact

Notes

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