# Unpaid Funds Collection
## for Fall Product Program

**girl scouts** of eastern oklahoma

GSEOK 305

Names of parents/guardians failing to submit entire product payment must be reported below. Complete one form for each individual with an outstanding balance. **This form is due to council with reports or no later than December 15.**

**Attach documentation:** Money/Product Receipts showing products received and money paid must be attached. Troop Fall Product Program Managers are responsible for all outstanding funds not reported by Dec. 15.

Troop _____     Service Unit _____

Debtor's Name _____     Girl's Name _____

Relationship to Girl _____

Address _____     City _____     Zip _____

Home Phone _____     Work Phone _____     Cell Phone _____

Driver's License # _____     Social Security # _____

Employer _____

**Table 1**

|   | INDIVIDUAL GIRL |   |
|---|---|---|
| A | Total Items Received |   |
| B | Total Amount Due | $ |
| C | Portion Paid | $ |
| D | **Net Amount Due (B-C)** | $ |
| E |   |   |
| F | Amt of D due Council (D x 80%) | $ |
| G | Amt of D due Troop (D x 20%) | $ |
|   |   |   |

**Table 3  (Only complete if NOT individual girl.)**

|   | TROOP/MANAGER |   |
|---|---|---|
| M | Total Items Received |   |
| N | Total Amount Due | $ |
| O | Total Paid to Council | $ |
| P | Total Paid to Troop | $ |
| Q | **Balance Due (N-O-P)** | $ |
|   | *For Council use only:* |   |
|   | *Troop Proceeds to Return* | $ |
|   |   |   |

**Table 2**     *For Council Use Only*

|   | TROOP PAYMENT RECORD |   |
|---|---|---|
| G | Troop Amount Due Council | $ |
| H | Total Paid | $ |
| I | Balance Due | $ |
| J | Due to Council from Table 1(F) | $ |
| K | Amt Due from Troop (I-J) | $ |
| L | Amt to Return to Troop (if J > I) | $ |
|   | 10.5012.320.1303.9999.999.3 |   |

(If more than one per troop, total troop amount due or to return will be calculated by council.)

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|---|---|

Is there intent to make payment? Yes ❑    No ❑    If yes, what are the plans?

_____

_____

_____

Completed by:  Troop FP Manager ❑  Leader ❑        Date _____

Fill in the reqested information for both people below:

Troop FP Manager _____ Phone _____

Address _____ City_____ Zip _____

Troop Leader _____ Phone _____

Address _____ City _____ Zip _____

You may list additional information below.