

Girl Scouts of Eastern Oklahoma
FALL PRODUCT PROGRAM
UNPAID FUNDS COLLECTION FORM

Names of parents/guardians failing to submit entire product payment must be reported below. Complete one form for each individual with an outstanding balance. Return this form to your service unit fall product sale coordinator with the Troop FPS Report. **This form is due to council with reports or no later than December 15.**

Attach documentation: Parent Permission Slip and Money/Product Receipts showing products received and money paid must be attached. This form is invalid without documentation. *Troop fall product sale managers are responsible for all outstanding funds not reported on this form by deadline.*

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)	\$
	<i>For Council use only:</i>	
	<i>Troop Proceeds to Return</i>	\$

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

FALL PRODUCT PROGRAM, UNPAID FUNDS COLLECTION FORM, cont'd.

Describe the problem and note any efforts to collect:

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

Completed by: Troop FP Manager Leader Date _____

Fill in the requested information for both people below:

Troop FP Manager _____ Phone _____

Address _____ City _____ Zip _____

Troop Leader _____ Phone _____

Address _____ City _____ Zip _____

You may list additional information below.