



Outstanding Cookie Balance Form

1. Submit a separate form for each girl/guardian who has any amount unpaid by May 13th.
2. Complete all information, including the amount that was originally owed and any amount paid.
3. Attach signed parent permission form
4. Submit to Customer Care (email: customer care@girlscoutshh.org or fax: 914-752-2488) by May 17th to qualify for payment adjustment
- 5. Do not use troop proceeds to cover outstanding balances**

Service Unit	_____
Troop Number	_____

Troop Leader	_____
Home Phone:	_____
Cell Phone:	_____
email address	_____

Troop Cookie Manager Name	_____
Address	_____
City, State	_____ Zip _____
Day Phone:	_____
Evening Phone:	_____
Cell Phone:	_____
email address	_____

Name of Girl Scout with money still due	_____
Parent/Guardian name	_____
Address	_____
City/ZIP	_____
Phone: _____ Cell Phone: _____	
Email: _____	

Total \$5 boxes sold by girl		_____
Total \$6 boxes sold by girl		_____
x Total \$ Owed	\$	_____ -
Less any payment received on behalf of girl		_____
Amount still due Council (balance due)	\$	_____ -

Contact made by Troop Cookie Manager:

Date	Type of Contact	Notes

I understand that in submitting this report, I am relieved of the responsibility of collection of this account. The outstanding amount is now the property and responsibility of Girl Scouts Heart of the Hudson. I will direct any subsequent payments received to Council Finance in the Pleasantville Regional Office.

Signature _____ Date _____

Report completed By: _____