

**GIRL SCOUTS OF
NORTHERN INDIANA-MICHIANA COUNCIL
TROOP RECONCILIATION
Parent Outstanding Balance Form
COOKIE PROGRAM**

Community# _____ Troop# _____ Date _____

Girl Name _____

Delinquent Parents /Guardians:

Father's Name: _____

Address: _____

Phone: Home _____ Cell _____

Work _____ Email _____

Mother's Name: _____

Address _____

Phone: Home _____ Cell _____

Work _____ Email _____

Boxes of Cookies Taken _____

\$ Amount Owed _____

\$ Amount Paid _____

Balance Due _____

Following Receipts must be attached:

Permission Slip _____

Cookie Receipts _____

Money Receipts _____

Girl Balance Summary from ABC Smart Cookie _____

The Council will now proceed with collection of this debt. The troop will receive the profit due from this account if the Council collects in full within 2 weeks from the closing of the product program.

Leader Signature _____ Phone # _____