

Girl Scouts of Central and Western Massachusetts, Inc. 2012 Cookie Funds Delinquent Report



Service Unit / Town _____ Troop # _____

TLCM Name _____ Phone (H) _____ (W) _____ (C) _____

Troop Leader _____ Phone (H) _____ (W) _____ (C) _____

Outstanding balance is owed by the **Troop** or a **Parent** (circle one)

A.	Total Cookies Sold:	\$ _____	Total owed by individual (Cookie receipts must be attached)
B.	Minus amount paid:	- _____	Paid by individual (Money receipts must be attached)
C.	Minus boxes returned:	- _____	Boxes returned to troop for credit (if any)
D.	Total Amount unpaid:	= \$ _____	Balance owed by individual

Amount on line D is total amount owed.

ATTACH COPIES OF ALL RECEIPTS & PERMISSION FORM

Information about individual owing:

Parent Name _____ Girl Scout's Name _____

Phone (Home) _____ Phone (Work) _____ Phone (Cell) _____

Mailing Address _____ City _____ Zip _____

Residence Address _____ City _____ Zip _____

Place of Employment _____

Please record any contacts and comments made with individual in reference to cookies and money owed. Please specify dates and times if possible. List any information you feel would help collect money owed.

Mail to: GSCWM, Product Sales, 241 Haydenville Rd, Leeds MA 01053
Fax to: 413-586-7937