

Product Program Outstanding Money Report and Contact Record

Use this form for money owed for product sales. The troop should not pay any amount of the money that was NOT collected. Use only one form for each outstanding account.

PLEASE REFER TO YOUR CURRENT ACH SCHEDULE FOR WHEN THIS FORM IS DUE

This form must be completed in its entirety and include the following documentations:

1. Parent/Guardian Permission & Responsibility Form
2. Any and all receipt documentation (M-3 receipts)

Completed form and documentation must be sent to
helpdesk@gshom.org

Today's Date: ____/____/____ Treats & Reads Program Cookie Program

Troop Leader Information: *(Please Print)*

Troop #: _____ Area#: _____ Regional Center: _____

Name: _____

Address: _____

City: _____ State: **MI** Zip code: _____

Phone (_____) _____ Email: _____

Information about person owing money: Parent/Guardian Troop Leader Other Volunteer

Troop #: _____ Area#: _____ Girl Name _____

Debtor Name: _____ Driver License: _____

Address: _____

City: _____ State: **MI** Zip code: _____

Phone (_____) _____ Email: _____

Total number of items ordered: _____ packages

Total amount due to troop \$ _____

Amount already paid to troop \$ _____

Total amount to be collected by GSHOM \$ _____

Contact Log: <i>(please initial and date each time that you have made/attempted contact)</i>	Initial/Date
1) _____	_____/____/____
_____	_____/____/____
2) _____	_____/____/____
_____	_____/____/____
3) _____	_____/____/____
_____	_____/____/____

Girl Scouts Heart of Michigan Instructions for Outstanding Money Report and Contact Record

Filling out this report keeps the troop from being responsible for any outstanding amount that may be owed by a Girl Scout family. If the troop does not complete and return this report, it is assumed that the debt is owed by the troop and the troop will be held liable for any outstanding money. Fill out one form for each outstanding account.

1. Mark in the appropriate box if this is for Treats & Reads or Cookie Program

2. Fill in all the information regarding the person filing this report. This information is valuable should we have any questions regarding this account.

5. List any contacts or any other pertinent information collected while trying to collect the outstanding balance. Three attempts to collect. Please include any other supporting communications on separate page.

Heart of Michigan

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This form must be completed in its entirety and include the following documentations:
1. Parent/Guardian Permission & Responsibility Form
2. Any and all receipt documentation (M-3 receipts)
Completed form and documentation must be sent to helpdesk@gshom.org

Today's Date: ____/____/____ Treats & Reads Program Cookie Program

Troop Leader Information: (Please Print)

Troop #: _____ Area#: _____ Regional Center: _____

Name: _____

Address: _____

City: _____ State: MI Zip code: _____

Phone (____) _____ Email: _____

Information about person owing money: Parent/Guardian Troop Leader Other Volunteer

Troop #: _____ Area#: _____ Girl Name: _____

Debtor Name: _____ Driver License: _____

Address: _____

City: _____ State: MI Zip code: _____

Phone (____) _____ Email: _____

Total number of items ordered: _____ packages

Total amount due to troop \$ _____

Amount already paid to troop \$ _____

Total amount to be collected by GSHOM \$ _____

Contact Log: (please initial and date each time that you have made attempted contact) Initial Date

1)		/ /
2)		/ /
3)		/ /

3. Check the appropriate box: **Troop** if it is the entire troop that owes the amount due or **Individual** if it is a single person that owes money (Parent or Other Volunteer).

4. Fill in all information regarding the person responsible for the debt and the amount of outstanding money due.

6. This form is turned into the regional center by the posted date due by emailing this form along with copies of SIGNED M-3 Receipts, Parent Permission Form, and other supporting documentation to collections@gshom.org.