Girl Scouts of Gateway Council, Inc.
1000 Shearer St.
Jacksonville, FL 32205

Troop # _____
Service Unit_____

REPORT OF PAST DUE PAYMENT - COOKIE SALE

TROOP/GROUP: Complete one form for each parent/guardian or volunteer who owes a balance to your troop/group and submit to your Service Unit Cookie Activity Manager. **Form must be filled out completely with the following attached:**

① **Summary of a minimum of 3 contacts made.**
② **Original signed pick up receipts.**
③ **A copy of your letter to the debtor.**
④ **A permission form signed by the debtor (unless already on file with the Council). Be sure to refer to TCAM Guide for dates and deadlines.**

SERVICE UNIT COOKIE ACTIVITY MANAGER: Complete one form for each troop/group not providing a financial status report and still owing money. Ensure that all information is correct and complete.

Report Prepared by _____

Title: _____ Phone (H) _____ (W) _____

Troop Cookie Activity Manager: _____Phone (Home): _____

Address: _____ Phone (Work): _____

Troop/Group Leader: _____ Phone (Home): _____

Address: _____ Phone (Work): _____

HOW TO FIGURE WHAT PARENT/GUARDIAN/VOLUNTEER/TROOP OWES:

A. Total # Packages Picked Up x $4.00 $ _____
B. Amount Paid - $ _____
C. Amount Due (A-B) = $ _____
D. Of the total amount due $ _____ Is due to Council

Of the total amount due $ _____ Is due to troop

E. Troop Proceeds Per Package (Check One)

40¢ ☐ 50¢ ☐ 55¢ ☐ 60¢ ☐ 70¢ ☐ 75¢ ☐ 80¢ ☐ +05¢ ☐ (opt out)

PERSON RESPONSIBLE: **Circle One:**

Name: _____ Parent Guardian Volunteer: position_____

If parent, was a permission slip signed? Yes No If volunteer, was an agreement signed? Yes No
Address: _____ City: _____ Zip: _____

Phone # _____ (Hm) _____ (Wk) Place of Employment _____

Spouse's Name: _____ Girl Scout's Name: _____

SS #_____ Driver's License # _____

Email_____

Please attach any comments or explanations that may help us in our collection efforts.

Director of Product Sales: White Service Unit Cookie Activity Manager: Yellow Troop Cookie Activity Manager: Pink