girl scouts
diamonds of arkansas, oklahoma and texas

2026 Fall Product Caregiver Outstanding Balance Form

The purpose of the Outstanding Balance Form is to assign financial responsibility for unpaid products to the appropriate party. Completing and submitting this form protects the Troop Product Manager and Troop from owing funds to the council.

FORM INSTRUCTIONS:

Gather receipts (product and money), Girl Scout's Caregiver Permission and Responsibility form, and all communication history. Use these documents to complete this form:

- Caregiver Permission and Responsibility form will be used to complete Section A.
- Product receipts will be used to complete Section B.
- Money receipts will be used to complete Section C.
- Communication history is used to complete Section D.

Scan and submit the completed Outstanding Balance Form and attachments to product program staff via email, product@girlscoutsdiamonds.org by the designated deadline. Volunteers should expect a response of receipt within 24-48 hours. If not, please call the product program team to ensure the email came through successfully.

Required supporting documents and their importance:

Caregiver Permission and Responsibility Form – This form legally binds the caregiver and states that they knew and understood their responsibilities in participating in the program and accepting products from the troop.

- **Product Receipts** – Receipts of the products that the caregiver took possession of from the troop provides legal proof that responsibility was transferred from the troop to the caregiver. Both parties', giver and receiver of products, signatures must be on the receipt.
- **Money Receipts** – Receipts of any monies turned into the troop provides legal documentation that payments were made to the troop. The signatures of both parties' giver and receiver of money must be on the receipt. These receipts also help to determine the true balance due from the parent.

ALL FORMS MUST BE RECEIVED FOR PROCESSING BY TUESDAY, NOVEMBER 24, 2026.

FORMS SUBMITTED WITHOUT REQUIRED SUPPORTING DOCUMENTS WILL BE REJECTED AND THE TROOP DRAFT WILL NOT BE ADJUSTED.

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Section A – Caregiver Information

Service Unit: _____ Troop Number: _____

Person Responsible for Payment: _____

Girl Scout's Name (Registered Name): _____

Other Girl Scouts in the Household: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Place of Employment: _____ Work Phone: (_____) _____

Email: _____

Section B – Product & Sales Calculation

	Product	Price Per Item	Item Quantity	Amount Due
A	Hot Cajun Crunch	$ 8.00		$
B	Dulce de Leche Owls	$ 8.00		$
C	Dark Chocolate Mint Penguins	$ 8.00		$
D	Peanut Butter Bears	$ 8.00		$
E	Chocolate Covered Raisins	$ 9.00		$
F	Deluxe Pecan Clusters	$ 9.00		$
G	Dark Chocolate Caramel Caps	$ 9.00		$
H	English Butter Toffee	$ 9.00		$
I	Sweet Onion Snack Mix	$ 9.00		$
J	Peanut Butter Trail Mix	$ 9.00		$
K	Whole Cashews	$ 10.00		$
L	Vanilla Honey Roasted Pecans	$ 10.00		$
M	Chocolate Covered Almonds	$ 10.00		$
N	Honey Roasted Mixed Nuts	$ 14.00		$
O	GS Tin – Mint Treasures	$ 14.00		$
P	Holiday Tin- Deluxe Pecan Clusters	$ 14.00		$
Q	Donation – Nuts	$ 8.00		$
		TOTALS:		$

Section C – Balance Due Calculation

Total Amount Due for All Products:	
Amount Paid from Parent:	
Balance Due:	

Product Program Staff Use	
Troop Proceeds Plan in M2OS	11% or 13%
Girls Average $ Amount per Items Sold	
Proceeds from Girl's Unpaid Products	
Amount Deducted from Troop's Amount Owed to Council	

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Section D – Communication and Collections History

This section is provided to note communications between Troop Leader/Product Manager and Caregiver regarding the balance owed. This includes, but is not limited to, troop meeting announcements, phone calls and text. Attachments of message screenshots may be included with the form. If needed, use additional paper.

Section E – Processors Information

I, _____ (please print), Troop Leader / Product Manager (circle all that apply) of troop _____ have completed this form to the best of my abilities, and I have included all the required supporting documents. I understand that if a caregiver presents substantial receipts and documentation that the claimed amount due on this form is incorrect, the council reserves the right to update the balance and refigure the troop's draft adjustment. I also acknowledge that once this form is submitted to the council, all payments from the caregiver will be directed to the council for collection.

Signature: _____ Date: _____

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Use this blank page to attach receipts. Attachment with tape is recommended.