

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:

<u>Caregiver Permission and Responsibility Form</u> – 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.

- <u>Product Receipts</u> 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.
- <u>Money Receipts</u> 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 FRIDAY, DECEMBER 3, 2025.

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



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
Α	Hot Cajun Crunch	\$ 8.00		\$
В	Dulce de Leche Owls	\$ 8.00		\$
С	Dark Chocolate Mint Penguins	\$ 8.00		\$
D	Peanut Butter Bears	\$ 8.00		\$
Е	Chocolate Covered Raisins	\$ 8.00		\$
F	Deluxe Pecan Clusters	\$ 9.00		\$
G	Dark Chocolate Caramel Caps	\$ 9.00		\$
Н	English Butter Toffee	\$ 9.00		\$
I	Nut & Caramel Trail Mix	\$ 9.00		\$
J	Peanut Butter Trail Mix	\$ 9.00		\$
K	Whole Cashews	\$ 10.00		\$
L	Vanilla Honey Roasted Pecans	\$ 10.00		\$
М	Chocolate Covered Almonds	\$ 10.00		\$
Ν	Honey Roasted Mixed Nuts	\$ 14.00		\$
0	GS Tin – Mint Treasures	\$ 14.00		\$
Р	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 L	lse		
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			



Section D - Communication and Collections History

egarding the balance owed. This includes, but is	between Troop Leader/Product Manager and Caregiver s not limited to, troop meeting announcements, phone calls may be included with the form. If needed, use additional pape
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Section E – Processors Information	
(ples	ease print), Troop Leader / Product Manager (circle all that bleted this form to the best of my abilities and I have included
ipply) of troopnave comp ill the required supporting documents. Lunderst:	and that if a caregiver presents substantial receipts and
	this form is incorrect, the council reserves the right to update
	ment. I also acknowledge that once this form is submitted to
ne council, all payments from the caregiver will be	
ignature:	



	tape is recommended.	
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