

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.
- 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 FRIDAY, DECEMBER 2, 2024.

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	Cheddar Caramel Crunch	\$ 8.00		\$
В	Dill Pickle Peanuts	\$ 8.00		\$
С	Hot Cajun Crunch	\$ 8.00		\$
D	Chocolate Covered Raisins	\$ 8.00		\$
Е	Dulce de Leche Owls	\$ 8.00		\$
F	Dark Chocolate Mint Penguins	\$ 8.00		\$
G	Peanut Butter Bears	\$ 8.00		\$
Н	Deluxe Pecan Clusters	\$ 8.00		\$
I	Dark Chocolate Caramel Caps	\$ 8.00		\$
J	English Butter Toffee	\$ 9.00		\$
K	Chocolate Covered Almonds	\$ 9.00		\$
L	Vanilla Honey Roasted Pecans	\$ 9.00		\$
М	Whole Cashews	\$ 9.00		\$
Ν	Peanut Butter Trail Mix	\$ 9.00		\$
0	Honey Roasted Mixed Nuts	\$ 12.00		\$
Р	GS Tin – Mint Treasures	\$ 12.00		\$
Q	Donation – Nuts	\$ 8.00		\$
		TOTALS:		\$

Section C - Balance Due Calculation

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

lse		
11%	or	13%
		11% or



Section D - Communication and Collections History

This section is provided to note communications between Troop Leader/Product Manager and Caregoregarding the balance owed. This includes, but is not limited to, troop meeting announcements, phonand text. Attachments of message screenshots may be included with the form. If needed, use addition	e calls
Section E – Processors Information	
I, (please print), Troop Leader / Product Manager (circle a	I that
I,	ncluded
all the required supporting documents. I understand that if a caregiver presents substantial receipts a documentation that the claimed amount due on this form is incorrect, the council reserves the right to	
the balance and refigure the troop's draft adjustment. I also acknowledge that once this form is subm	
the council, all payments from the caregiver will be directed to the council for collection.	
Signature: Date:	



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