

Product Program Individual Collection (IC) Form



Fall Product Program

Due November 1, 2017

Cookie Program

Due February 27, 2018 1st sweep
Due March 26, 2018 final sweep

Use this form to report girls who are not paid in full. Submit this form, the signed Parent/Guardian Permission and Responsibility Form, copies of all product receipts and copy of the ACH Adjustment Request Form (if applicable) to productprogram@girlscoutsgcnwi.org or fax to 630-544-5999 **ATTN:** Product Program. **NOTE:** Forms received after the due date will not be accepted and will be the troop's responsibility.

Please PRINT clearly and fill out completely.

Service Unit Number: _____

Five-Digit Troop Number: _____

Troop Product Mgr. Name: _____

Home Phone: (____) ____-____

Cell Phone: (____) ____-____

Troop Leader Name: _____

Home Phone: (____) ____-____

Cell Phone: (____) ____-____

Girl Scout's full name: _____

Address: _____

City: _____ ST ____ Zip _____

Parent/Guardian Information:

Mother: _____

Phone: (____) ____-____

Father: _____

Phone: (____) ____-____

Guardian(s): _____

Phone: (____) ____-____

Girl's Total Sales Amt: \$ _____

Total Amount Paid: \$ _____

Total Amount Due: \$ _____

Attempts to Collect

Date: _____	Date: _____	Date: _____
Spoke to: _____	Spoke to: _____	Spoke to: _____
Results: _____	Results: _____	Results: _____

