



GSAK 2020-2021 Product Program Delinquent Account Form

2020 Fall Product Program

2021 Cookie Program

Troop Number: _____ SU: _____
 Troop Leader Name: _____ Phone: _____
 Address: _____
 City, State, ZIP: _____
 Email: _____
 Service Unit (SU) Program Manager Name: _____
 SU Program Manager Phone: _____ SU Program Manager Email: _____

Delinquent Family Information:

Girl Name: _____ Parent/Guardian Name: _____
 Phone: _____ Email: _____
 Address: _____
 City, State, ZIP: _____

Collection Attempts: please list the dates and methods of contact of all collection attempts (at least 3 should be made prior to turning in this form). Please submit these communications if available.

Attempt 1: Date: _____ Method: _____
 Notes: _____

Attempt 2: Date: _____ Method: _____
 Notes: _____

Attempt 3: Date: _____ Method: _____
 Notes: _____

	\$	\$ \$ \$	\$
# of items girl received (this total DOES NOT include booth sales)	Total \$ amount due for items sold	Date(s) and \$ amount(s) of any payment(s) made	Remaining balance owed

Troop Leader's Signature: _____ **Date:** _____

Complete this form in its entirety to expedite reimbursement via ACH/ACH adjustment to the troop bank account. **Attach original Parent/Guardian Permission & Financial Responsibility Agreement, copies of any and all receipts pertaining to this family, and copies of any communications. This submission is only valid if received by council by the given due date (see Troop Sales Manual for dates).**

Mailing Address Girl Scouts of Alaska
 Attn: Product Program Specialist
 2000 W. International Airport Rd Ste C1
 Anchorage, AK 99502