

DISCREPANCY REPORT

2016 Cookie Program

Complete and return to Council Product Sales Manager

Date: _____ Service Unit: _____ Troop #: _____

Troop Leader: _____ Phone #: _____

Email: _____

Troop Cookie Chair: _____ Phone #: _____

Email: _____

Service Unit Cookie Chair: _____ Phone #: _____

Monies Due to Troop		
	# Boxes	\$
<i>Total Due:</i>		
<i>Paid to Date:</i>		
<i>Balance Due:</i>		

***** Attach Supporting Documentation – e.g. Parent Permission Slip, Cupboard Pick up Receipts, etc. *****

Explanation of Discrepancy: _____

Actions Taken to Date: _____

Information Concerning Debtor:

Name: _____ Registered GS Adult? ☐ Yes ☐ No

Address: _____

Telephone: (Day) _____ (Eve) _____

Email: _____

Is this person a: ☐ Parent/Guardian ☐ Other _____

Girl Scout's Name: _____

Report Submitted by:

Printed Name: _____ Signature: _____

Date