

DISCREPANCY REPORT

2016 Fall Product Program

Complete and return to Council Product Sales Manager

Date:	Service Unit:	Troop #:
Troop Leader:		Phone #:
		Email:
Troop Fall Chair:		
		Email:
Service Unit Fall Chair:		
		Monies Due to Troop
	# Cans	\$
Total Due:		
Paid to Date:		
Balance Due:		
Actions Taken to Date:		
Information Concerni	ng Debtor:	
Name:		Registered GS Adult?
Address:		
Telephone: (Day)		(Eve)
Email:		_
Is this person a:	Parent/Guardian	□ Other
Girl Scout's Name:		
Report Submitted by:		
Printed Name:		Signature:
		Date