

## DISCREPANCY REPORT

### 2017 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	\$
Total Due:		
Paid to Date:		
Balance Due:		

**\*\*\* 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