

Product Programs Uncollected Form

Leader Information

Select one: Fall Product Cookie

Name	Service Unit	Troop
Mailing Address	Phone Number(s)	
City, State, Zip	Email	
Total amount due: \$		
Reason for missing money:		

Uncollected Person Information

Caregiver Troop Leader Other Volunteer

Name of responsible party		
Girl(s) Name		
Mailing Address	Phone Number(s)	
City, State, Zip	Email	
Total Due: \$	Collected: \$	Balance Due: \$

Record of Troop/SU Collection Attempts

Date	Time	Method of Contact	By Whom	Outcome
1.				
2.				
3.				

Three attempts at collection are expected to be documented by the Troop Leader and/or Service Unit Coordinator before Council is able to continue with the collection process. **Troops/Service Units must provide Council with the following forms:**

- Girl Registration Verified
- Uncollected Form – Completed and Signed
- Product Receipts
- Payment Receipts
- Caregiver Permission Slip
- Troop Coordinator Agreement (if applicable)

Signature of Troop Leader/SU Coordinator _____ Date _____

Record of Council Collection Attempts

Date	Time	Method of Contact	By Whom	Outcome
1.				
2.				
3.				