

# Product Program Delinquent Account Form

Submitted By: \_\_\_\_\_ Troop # \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Town: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Instructions for Uncollected Funds

- Leader should make at least two attempts to collect unpaid funds before submitting this form
- Submit a separate form for each girl whose family has any amount unpaid
- Complete all information on this form completely
- Attach the following originals to this form:
  - Signed permission slip
  - Signed receipts for dispersed cookies or fall product
  - Signed receipt of any payments received
- Email completed form and required paperwork to Travis Sammons, [tsammons@gsema.org](mailto:tsammons@gsema.org)

## Unpaid Account Information

Girl Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

<b>Total Product Received</b>	
<b>Original Amount Due</b>	\$
<b>Amount Paid</b>	\$
<b>Amount Outstanding</b>	\$

Describe attempt to collect. Include dates contacted, method of contact (phone/in person/email) and other relevant information. If reason for non-payment was given, please state. Use additional sheets if necessary.

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