

## UNPAID FUNDS COLLECTION ASSISTANCE FORM

Must be submitted with supporting documentation by required deadline.

Cookie Program     Mags & Munchies Program

Troop #: \_\_\_\_\_ Service Unit: \_\_\_\_\_

Troop Product Manager/Leader Name: \_\_\_\_\_

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

### Unpaid Funds Information

Responsible Party:  Parent/Guardian     Troop Product Manager     Leader/Co-Leader

Name of Responsible Party: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

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

Original Amount Due: \$ \_\_\_\_\_ Payments Made to Date: \$ \_\_\_\_\_ Current Due: \$ \_\_\_\_\_

- Signed Guardian Permission Form or Troop Cookie Manager Agreement must be attached.**
- Signed product sales receipts must be attached.**
- Copy of any written communication must be attached. One communication attempt must be in writing.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide communication notes below and any other background information on back

*First Contact Attempt*

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Contact Type: \_\_\_\_\_

(Phone, Email, Social Media, etc.)

Conversation Details/Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Second Contact Attempt*

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Contact Type: \_\_\_\_\_

(Phone, Email, Social Media, etc.)

Conversation Details/Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Third Contact Attempt*

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Contact Type: \_\_\_\_\_

(Phone, Email, Social Media, etc.)

Conversation Details/Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_