

Girl Scouts of Southeastern Michigan

Cookie Program - Unpaid Account Form for Parents/Guardians

To be completed only f	or parents/guardia	ns who have	not paid the troop in full.	
Service Unit:		Troop #:	Date:	
Person Owing:				
Relationship to Girl Sco	out:			
Phone (day):		_ Alternate I	Phone:	
Address:		City:	Zip:	
Spouse's Name:			Phone (day):	
Girl Scout's Name:				
Person reporting:			Phone (day):	
Total amount of the co Monies already paid to Outstanding balance st	troop from parent,	guardian: \$		
Please provide details a	about the cookies n	ot paid for by	y the parent/guardian:	
Boxes of cookies unpai	d: (Troop is	s responsible	for \$2.50 per box)	
Troop will be reimburs	ed once GSSEM red	ceives full pay	yment from the parent/guardian.	
Please list your atten	pts to contact the	e parent/gua	ardian:	
Date:	Time:	Con	nments:	
Date:	Time:	Con	nments:	
•			es Act, which means that no further ts to collect this debt. Once the debt ha	as been

collected by GSSEM, the troop will be reimbursed.

Send this completed form with a copy of the parent permission form signed by the parent/guardian, and all receipts for money or product signed by the parent/guardian to gssem-finance@gssem.org or by fax to 313-309-1193 by April 12, 2024. If you have any questions about completing this form, please call 800-482-6734, option 8.