

2018 Cookie Sale Unaudited Troop Sheet

Troop # _____

Date: _____

Region Initials: _____

SU: _____

Amount due to Council: \$ _____.

**** Attach Troop Balance Summary****

Troop Cookie Managers Name: _____

Address: _____

City: _____ Zip: _____

Phone Number: _____ Alt. Ph. _____

E-mail: _____

Troop Leader (if not person above): _____

Phone Number: _____ Alt. Ph. _____

Date Schedule for Audit with SU (if scheduled & missed): _____

SU Managers comments about attempts to contact/schedule and reason why troop has not audited:

Other comments and information regarding troop's cookie sale: _____

Information above provided by _____

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Product Staff Actions

1st Attempt to contact – Date/time: _____ Result: _____

2nd Attempt to contact – Date/time: _____ Result: _____

ACH Debit of Troop Account – Date: _____ Amount: _____ Cleared: _____

Letter sent (Attach copy of letter) – Date: _____

Notes: _____
