



- Fall Product Program _____ (year)
- Cookie Program _____ (year)

PRODUCT/MONEY PROBLEM REPORT

Troop #: _____ Troop leader: _____

Service unit name: _____ Service unit Product Program manager: _____

Form completed by:

Date: _____

Name: _____ Position: _____

Email address: _____ Phone: _____

Yes No Problem Report was sent to ProductProgram@girlscoutsrv.org on _____ (date)

Yes No Problem Report was sent to service unit Product Program manager on _____ (date)

Adult responsible for money (or name of adult who refund should be sent to):

Person is: (Check all applicable) Girl Scout parent/guardian Girl's name: _____

Name: _____

Address: _____ Day phone: _____

City/State/ZIP: _____ Evening phone: _____

Email address: _____ Cell phone: _____

Yes No Problem Report was sent to adult responsible _____ (date)

Type of problem:

Product not paid for by the adult responsible for money \$ _____

Refund requested \$ _____ (Troop proceeds were shorted due to non-payment from the adult responsible for money)

Troop overpaid (attach copy of deposit tickets and bank receipts): \$ _____

Non-sufficient funds (NSF)/closed accounts (attach legal copy of returned check and copy of the bank notice documenting any fees charged to the troop)

Troop has excess inventory _____ number of packages. (Troop is financially responsible for this inventory. Troop Finance Specialist will contact you to get your timing and plans for selling the cookies and set an extended payment deadline.)

Damaged packages/product problem (exchanged at cupboard) Variety: _____ ID code on package: _____

Describe initial problem and all actions taken to resolve the product or money problem: