



Girl Scouts of Southeastern New England

500 Greenwich Ave  
 Warwick, Rhode Island 02886  
 (401) 331-4500 or (800) 331-0149  
 Fax: (401) 421 - 2937  
 E-Mail: customercare@gssne.org

TROOP FINAL  
 PAYMENT  
 FORM RI-1B

COOKIE SALE

Troop Cookie Manager:

Payments should be made as soon as money is received from girls.  
 Do not hold large amounts of money.  
 1. Make checks payable to Girl Scouts of Southeastern New England ( or GSSNE)  
 2. Submit Blue and pink copy with each payment to your Service Unit Product Sales Coordinator for each payment made.  
 Keep Yellow copy for your records.

Final Payment DUE April 4, 2018  Revised Payment

Date of Payment: \_\_\_\_\_

A 50% payment is required from all troops before a reorder will be processed. Troops must make payments at least every two weeks following every cookie pickup/delivery.

Product Sale Coordinators:

Promptly submit blue copy along with bank deposit slips to council within 3 Business days.  
 Blue Copy MUST equal attached deposit slip.

PLEASE PRINT CLEARLY

| TROOP # | G. S. SERVICE UNIT (City/Town)   | # Reg GIRLS | # Girls Selling                                | Troop Cookies Per Girl Average (PGA)           |
|---------|--|-------------|--|--|
|         |  |             |  | = (# of packages sold / # of registered girls) |
| 1.      | Total traditional flavor packages your Troop is Responsible for _____ (MUST MATCH SNAP+) x\$4.00 per package   |             |  |  |
| 2.      | Total Trios packages your troop is responsible for _____ (MUST MATCH SNAP+) x\$5.00 per package  |             |  |  |
| 3.      | Total Balance Due for all packages (Add Line 1 and Line 2)   |             |  |  |
| 4.      | Have you made any previous Payments? (N/A for Direct Sales made AFTER Final Payment)   |             | Yes: Enter Total Amount Paid<br>No: Enter 0.00 | -  |
| 5.      | Current BALANCE Due (Line 3-Line 4) =  |             |  |  |
| 6.      | Troop Proceeds:  |             |  |  |
| a.      | Enter Total number of Packages Sold and Paid for (Line 1 + line 2)   |             | =  |  |
| b.      | Enter Proceeds \$ per Package Earned:<br>\$ Per Box: 1: \$0.46 2: \$0.50 if PGA =100-159 3: \$0.60 if PGA 160-199 4: \$0.70 if PGA >=200+  |             | X<br>0. _____                                  |  |
| c.      | Calculate Proceeds (line a x line b)   |             | =  |  |
| d.      | Our Troop would like to support the Council Service Project by donating a portion of our proceeds. <input type="checkbox"/> Yes Enter Donation Amount <input type="checkbox"/> No Enter 0.00 |             |  |  |
| e.      | Proceeds to be received by Troop Subtract 6d from 6c to get tot =  |             |  |  |
| 7.      | AMOUNT DUE: Subtract Troop Proceeds from Balance Due (Line 5 -6e) =  |             |  |  |
| 8.      | Amount Being PAID today (even if over Amount Due) =  |             |  |  |
| a.      | Amount overpaid (i.e lack of cash to deduct proceeds) to be reimbursed by Council =  |             |  |  |
| b.      | Amount outstanding due to collection problem. Explain and attach Collection Problem form RI-3: =   |             |  |  |

Troop Cookie Manager

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone No. \_\_\_\_\_  
 Signature \_\_\_\_\_

Troop Leader

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone No. \_\_\_\_\_

|             |          | FOR OFFICE USE ONLY           |       |
|-------------|----------|-------------------------------|-------|
| Date Recv'd | RECEIPT# | # 10-5010-320-1300-9999-999-3 | _____ |
| Amount Paid | DATE     | # 10-5012-320-1300-9999-999-3 | _____ |
| Signature   | INT.     | # 10-2305-320-1300-9999-999-3 | _____ |
|             |          | # 10-1210-320-1300-9999-999-3 | _____ |