



Girl Scouts of Southeastern New England

500 Greenwich Ave
Warwick, Rhode Island 02886
(401) 331-4500 or (800) 331-0149
Fax: (401) 421 -2937

TROOP FINAL
SUMMARY FORM

2021 Cookie Program

E-Mail: customer care@gssne.org

Troop Cookie Manager:

Payments should be made as soon as money is received from girls.
Do not hold large amounts of money.

1. ALL troops MUST fill out a Troop Final Summary Form online or paper
2. If paying with check(s) or cash for final payment: Make checks payable to Girl Scouts of Southeastern New England (or GSSNE)
Submit blue and pink copy with payment to your Service Unit Product Program Coordinator for each payment made.
Keep yellow copy for your records.
3. Print a Troop Balance Summary Report from ABC Smart Cookies.
Under Reports, Current, in report list find Troop Balance Summary Report.
All information for this form is located on this report. Anything in BOLD are the exact words from the report.

Final Payment
DUE
March 30, 2021

Date: _____

Product Program 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)			
1.	Total Balance Due for all packages (Total Sales \$\$)			
2.	Total of previous payments (Total Finances:)			
3.	Current BALANCE Due	(Line 1-Line 2) =		
4.	a. Troop Proceeds: (Troop \$\$)			
	b. 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		
	c. Proceeds to be received by troop: (Proceeds 4a - Donation 4b= Proceeds to be received by troop)			=
5.	AMOUNT DUE: Subtract Troop Proceeds from Balance Due (Line 3 - Line 4c)	=		
6.	Amount Being PAID today (even if over Amount Due)	=		
	NSF Fees if any (listed under Finances)	=		
	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:	=		

Troop Cookie Manager:

Name _____
Address _____
City/State/Zip _____
Phone _____
Signature _____

Troop Leader

Name _____
Address _____
City/State/Zip _____
Phone _____

	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 _____
		# 10-9410-320-1300-9999-999-3 _____
		# 10-1210-320-1300-9999-999-3 _____