

**Girl Scouts of Michigan Trails  
2008 COOKIE SALE  
TROOP PAYMENT RECORD**



Troop Leader or Cookie Manager \_\_\_\_\_ Troop # \_\_\_\_\_ Neighborhood # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime phone # \_\_\_\_\_ Evening phone # \_\_\_\_\_

Yes  No Parent Past Due Form/s Enclosed  Yes  No Cookie Dough Adjustment Form Enclosed

Yes, Qty \_\_\_\_\_  No Cookie Share Patches Earned  Yes, Qty \_\_\_\_\_  No Cookie Booth Patches Earned

**Note:** Enclose two copies of this form with your troop's cookie payment and final cookie sale paperwork in the pre-addressed 6 X 9 envelope, and bring it to the Service Center or council designated payment center. If you mail your payment and records, send no later than March 26, 2008.

**DO NOT MAIL CASH. Convert the cash needed for the balance into a money order, cashier's check, or troop check.**

Total Amount Due \$ \_\_\_\_\_ Total Amount Enclosed \$ \_\_\_\_\_ Difference \$ \_\_\_\_\_

Verified  
5 Steps to 5 Cents  Yes  No

CURRENCY: \_\_\_\_\_

COIN: \_\_\_\_\_

CHECKS: \_\_\_\_\_

**CHECKS LIST SEPARATELY**

LIST LAST NAMES	AMOUNT
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	

LIST LAST NAMES	AMOUNT
17.	
18.	
19.	
20.	
21.	
22.	
23.	
24.	
25.	
26.	
27.	
28.	
29.	
30.	
31.	
32.	
33.	

LIST LAST NAMES	AMOUNT
34.	
35.	
36.	
37.	
38.	
39.	
40.	
41.	
42.	
43.	
44.	
45.	
46.	
47.	
48.	
49.	
50.	

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_ Receipt: # \_\_\_\_\_