



PRODUCT/MONEY PROBLEM REPORT

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

Troop #: _____ Troop Leader: _____

Service Unit Name: _____ Service Unit Product Program Manager: _____

Form completed by:

Name: _____ Position: _____

e-mail address: _____ Phone: _____

Date: _____

Yes No Problem Report was sent to productprogram@girlscoutsrv.org _____ Date

Yes No Problem Report was sent to Service Unit Product Program Manager _____ Date

Adult responsible for money:

Name: _____

Address: _____ Day phone: _____

City/State/ZIP: _____ Evening phone: _____

e-mail Address: _____ Cell phone: _____

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

Customer Other: _____

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 a copy of the bank notice documenting any fees charged to the troop)

Damaged packages/product problem Variety: _____ ID code on package: _____

Exchanged at cupboard Requesting credit

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

For office use only: Resolved Refund amt: _____ Forwarded to Finance Staff name: _____