

COOKIE CAREGIVER NOT PAID PROCEDURE

Payment Collection Letter 1 - Send if you have not received payment by your unit payment date. If no payment is received in 10 days then
Payment Collection Letter 2 - Send by registered mail. If no payment is received in 10 days, then send this form with all required documentation* to the BC Treasurer.

To be eligible for reimbursement, all documentation must be submitted to the BC Treasurer no later than 30 days after the BC Council payment due date of the current campaign. Please note that this collection process applies only to the caregiver(s) of a registered youth member.

DOCUMENTATION CHECKLIST*	SCAN AND SEND DOCUMENTATION TO:
<input type="checkbox"/> Record of Caregiver signature confirming cookie pick up <input type="checkbox"/> Record of discussions with Caregiver including copies of emails and letters <input type="checkbox"/> Proof of registered letter payment and tracking	Mail: BC Treasurer 107 - 252 Esplanade West, North Vancouver, BC V7M 0E9 Email: bc-treasurer@girlguides.ca

SECTION A - COOKIE ORDER DETAILS

Unit Name:	Unit iMIS No.	Banking ID:
Youth Name:	Youth iMIS No.	Community
Caregiver Name:	Email:	Phone:
Number of cases Caregiver Signed for:	Total Cost \$	Pick-Up Date:

SECTION B - PAYMENT HISTORY

Payment 1 Amount:	Deposit Date:	Payment Type:	<input type="checkbox"/> Cash	<input type="checkbox"/> Chq No. _____	NSF* (circle)	Y	N
Payment 2 Amount:	Deposit Date:	Payment Type:	<input type="checkbox"/> Cash	<input type="checkbox"/> Chq No. _____	NSF* (circle)	Y	N
TOTAL AMOUNT OUTSTANDING \$		(Total Cost - Total Payments + Total NSF Fees)			*Not Sufficient Funds Cheque		

SECTION C - COMMUNICATION SUMMARY

Communication 1:	<input type="checkbox"/> Email	<input type="checkbox"/> Phone	<input type="checkbox"/> In Person	Date:	Notes:
Communication 2:	<input type="checkbox"/> Email	<input type="checkbox"/> Phone	<input type="checkbox"/> In Person	Date:	Notes:
Communication 3:	<input type="checkbox"/> Email	<input type="checkbox"/> Phone	<input type="checkbox"/> In Person	Date:	Notes:

SECTION D - COLLECTIONS SUMMARY

Payment Collection Letter 1 Sent Date:	Notes:	
Payment Collection Letter 2 Sent Date:	Notes:	
Additional Information Helpful for Collections Purposes:		
GUIDER NAME(PRINT):	SIGNATURE:	DATE:

FOR OFFICE USE ONLY							
APPROVED AMOUNT REIMBURSED TO UNIT:	\$	DIRECTOR SIGNATURE	APPROVAL DATE:	PROCESS DATE:			