







## Request for Individually Registered Girl Funds

I have participated in a Girl Scouts of the Colonial Coast product sale program. All monies due and all required paperwork were turned in to the service unit product sales coordinator or individual girl coordinator as directed.

Service Unit: 150     Fall Product Sale (year): \_\_\_\_\_     Cookie Sale (year): \_\_\_\_\_

Girl's First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Service unit product program funds are intended for girl use only. It is recommended that funds be requested in advance. To request reimbursement for items already purchased, attach receipts to this form. All items are subject to review by the service unit individual girl coordinator before being reimbursed. Funds will be paid directly to GSCCC or other approved vendor - no payment will be made directly to individual girls without receipt for expenses. Funds may not be requested for expenses for caregivers, other girl members or for items unrelated to Girl Scouting.

| Funds Requested for:       | Amount Requested | Other Information (Please list items. You may call the Council shop to place your order and obtain a total amount.)    |
|----------------------------|------------------|--|
| Membership Registration    | \$               | <p>Please list all items on the ledger pages.<br/>Include the ledger pages with your receipts.<br/>Print and sign.</p> |
| Council Shop Purchase      | \$               |  |
| Program Event              | \$               |  |
| Bronze/Silver/Gold Project | \$               |  |
| Take Action Project        | \$               |  |
| <b>TOTAL Requested</b>     | <b>\$</b>        |  |

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Individual Girl

- >> Complete and return this form to the service unit financial coordinator.
- >> Allow 7-10 business days for processing.
- >> Direct all question to the service unit financial coordinator.

Reviewed by: \_\_\_\_\_  
Signature of SU Finance Coordinator

Check #: \_\_\_\_\_ Date Mailed: \_\_\_\_\_