

Contribution Reimbursement Form

According to policy, all groups or Communities must complete and submit this form with any voluntary contribution given to Girl Scouts, even if the gift is for the group or community. If the contribution is being sent separately, the reimbursement request will be processed when both the Contribution Reimbursement Request and check have been received. Turn in form and check to your local service center, or mail to the Fort Wayne Leadership and Learning Center. Please note that 10% of any gift \$250 or more may remain with GSNI-M to cover administrative expenses.

Date of Request: _____ Date of Contribution: _____ Amount: \$_____

Donor name/company: _____

-----Group/Community Information-----

Group/Community Number: # _____ Contact Name: _____

Phone Number: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Please provide a brief description explaining what the group/Community intends to use these funds for:

Please make check out to: _____

Signed: _____ Name (printed): _____

Check Enclosed: ___Yes ___No

-----For Internal Use Only-----

Date form received: _____ Date check received: _____

Bank Account Report Form on File: ___Yes ___No

Date check request submitted to finance: _____ Amount requested: \$_____

Submitted By: _____

