

**ST. ANTONINUS GIRL SCOUTS  
SERVICE UNIT # 416  
REQUEST FOR REIMBURSEMENT FORM**

DATE \_\_\_\_\_ TROOP # \_\_\_\_\_ GRADE \_\_\_\_\_

TROOP LEADER NAME/PHONE # \_\_\_\_\_

AMOUNT REQUESTED: \$ \_\_\_\_\_

REASON FOR REIMBURSEMENT \_\_\_\_\_

MAKE CHECK PAYABLE TO \_\_\_\_\_

**Please submit this form with proof of payment (receipts) to the St. Antoninus Girl Scout Treasurer within 60 days of payment.**

**DISTRIBUTE CHECK**

THROUGH SCHOOL TO \_\_\_\_\_ ROOM \_\_\_\_\_

MAIL TO \_\_\_\_\_ ZIP \_\_\_\_\_

OTHER DISTRIBUTION \_\_\_\_\_