

**ST. ANTONINUS GIRL SCOUTS (SU 416)
REQUEST FOR REIMBURSEMENT FORM**

DATE: _____ TROOP # _____ GRADE: _____

TROOP LEADER NAME/ PHONE #: _____

REASON FOR REIMBURSEMENT: _____

CHECK BE MADE PAYABLE TO: _____

PLEASE SUBMIT THIS FORM WITH PROOF OF PAYMENT RECEIPTS TO THE ST.
ANTONINUS GIFT SCOUT TREASURER WITHIN 60 DAYS OF PAYMENT.

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