

Date:	
Community:	

## SERVICE UNIT FUND REQUEST FORM

Complete this form to request funds from the Service Unit checking account. The fund request must fit within the guidelines set forth by the Service Unit and submitted at least 3 weeks prior to:

- \* Service Unit hosted event for supplies, location fee, food, etc.
- \* Community held events such as Juliette Gordon Low Birthday, Girl Scout Birthday week, recruitment, etc.

It is an expectation that all receipts and any left over funds will be returned to the SU Finance Coordinator within 10 business days following the event. No further requests will be honored if this step is overlooked.

	City:	Zip Code:
Phone :	Email Address:	
Check Payable to:		
Address:	City:	Zip Code:
Name of Event:		
Date of the Event	Date Funds are Needed _	
Were these expenditures approve	ed at SU Mtg? Yes No Date of the SU Mtg _	
Check Will Be: Picked up at SU	J Meeting Mailed to Payee Other	
Amount Requested:	To Be Used For:	
location of the Event:		
Statement of Compliance: I have read the Service Unit Guid monies and verify that all informa	elines and Girl Scouts of Kansas Heartland policies tion on this request is accurate. I agree to track the siness days following this event.	s regarding the use of Girl Scout
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