girl scouts of kansas heartland

Date: _____
Troop #: _____
Service Unit: _____
Troop Level:

Council Use Only
Date Received: _____
Case Number: _____

TROOP COOKIE CREDIT REQUEST FOR TRAVEL

Complete this form to request Cookie Credits for Council-Approved troop/group travel. Cookie credits may be used for approved day trips and overnight trips *of at least 125 miles one-way*. Appropriate travel forms must be completed prior to submission of the *Cookie Credit Request.* Parents/guardians must sign below, authorizing the use of cookie credits. Cookie credits will not be issued for more than the estimated travel cost per person. ***This form must be submitted four weeks prior to the date of travel.***

A check will be sent to the Leader/Advisor in charge of the trip to be deposited into the troop/group checking account. If payment needs to be sent to a different trip organizer or to a Girl Scout affiliated travel agency, indicate that on the "Remit payment to" line.

Leader/Advisor Name: _____ Remit payment to (organizer name or travel agency): _____

Address: _____ City: _____ Zip Code: _____

Day Phone: (__)_____ Alternate Phone: (__)_____ Email: _____

Travel Application submitted? ☐ **YES** ☐ **NO** Approved? ☐ **YES** ☐ **NO** If yes, Date of approval: _____

Date(s) of travel: _____ Destination(s): _____ Estimated travel cost per person $ _____

NAME	AMOUNT OF COOKIE CREDITS REQUESTED	PARENT AUTHORIZATION **each parent must sign below indicating authorization to use cookie credits for travel.*
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	

TOTAL REQUESTED **$** _____

The Girl Scouts stated above have agreed to the use of their earned cookie credits towards council-approved Troop/Group Travel. Each Girl Scout parent/guardian has signed above for the amount of cookie credits they wish to have transferred. I understand that an incomplete *Cookie Credit Request* form or a discrepancy in the amounts will delay the process.

Leader/Advisor Name _____ Leader/Advisor Signature _____ Date _____