

Name of Service Unit: _____

Encampment Director: _____

Email: _____ Phone: _____

Service Unit Manager: _____

Email: _____ Phone: _____

Method for Reimbursement:

☐ ACH Deposit Bank Name: _____

Routing Number: _____

Account Number: _____

☐ Check Name: _____

Address: _____

2015-2016 Cookie Credits: _____ x \$5.00 = \$ _____

Total Number of Cookie Credits: _____ Total Dollar Amount of Cookie Credits \$ _____

Encampment Date: _____ Location: _____

Brief Description of Event: _____

Please send this completed form and accompanying Cookie Credits to:

Girl Scouts of MN and WI River Valleys
Attn: Administrative Assistant - Operations
400 Robert Street S
St. Paul, MN 55107

Please note:

- All Cookie Credits must be submitted within two weeks after the scheduled encampment
- All Cookie Credits must be submitted **BEFORE** the expiration date printed on the Cookie Credit
- This form must accompany all Cookie Credit submissions, or the Cookie Credits will be returned to sender
- Cookie Credits must accompany this form at time of submission
- Cookie Credits using this form can only be redeemed for service unit encampments. Cookie Credit reimbursements for day camp must use day camp form and submit requested day camp information

Print Name of Requestor: _____

Signature of Requestor: _____ Date: _____