Girl Scouts of Southeastern Michigan

Community Bank Account Fund Request

Amount of Request: $ _____ Date Form Submitted: _____

Community Number: _____ Service Unit Number: _____

Request (please check one):

- ☐ Reimbursement (attach receipt)
- ☐ Vendor Check Request (attach invoice)
- ☐ Cash Advance Request (must provide receipts)

Requested For: (please check one)

- ☐ Service Unit Administration
- ☐ Service Unit Recognition
- ☐ Service Unit Recruitment
- ☐ Community Administration
- ☐ Community Recognition
- ☐ Community Recruitment

Reason For or Description of Expenditure: _____

_____

Is this request for an event? ☐ YES ☐ NO If yes,

Name of Community Event: _____ Date of Event: _____

Are you the Event Organizer? ☐ YES ■ NO If no, reimbursement must be approved by Event Organizer.

Name of Event Organizer: _____

Phone Number: _____ Email: _____

Requested by:

Signature _____

Print Name _____

Volunteer Position _____

Address _____

Phone Number: _____ Email: _____

Vendor Name and Address (if check will be written to them):

Name _____

Address _____

Phone Number _____

Date Needed (Please provide 1 week notice): _____

Submit this form to your Community Finance Coordinator. If you need help to identify your Community Finance Coordinator, please contact the Help Desk (**helpdesk@gssem.org, 800-482-6734**).