

# Service Unit Payment Request Form



All reimbursement and payment must be reconciled within the same Girl Scout fiscal year in which expenses were accrued. Sales tax will not be reimbursed or paid out.

Reimbursements and payments to vendors, volunteers, parents, and caregivers will be issued via check upon completion of this form. A service unit account signer will be reimbursed by a check signed by another account signer other than him or herself, and receipts must be obtained and recorded.

Payee/Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Request: ☐ Vendor Payment ☐ Volunteer/Parent/Caregiver Reimbursement

Date	Description	Cost	Total

Please Attach Receipt(s) or Invoice(s) To This Form

Total Payment Requested: \$ \_\_\_\_\_

Submitted By (Name) \_\_\_\_\_ Date \_\_\_\_\_

Service Unit Use Only: Date received \_\_\_\_\_

Name of SU Account Signer \_\_\_\_\_

Signature of SU Account Signer \_\_\_\_\_