



JULIETTE PROGRAM CREDIT REIMBURSEMENT FORM

(To be reimbursed for Girl Scout expenses, please submit the following with this form)

Date: _____ Girl Scout Name: _____
 Juliette Number: (If applicable) _____ Grade: _____
 Parent/Guardian Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

DESCRIPTION OF GIRL SCOUT ACTIVITY AND LIST ITEMIZED EXPENSES:

\$ _____ **AMOUNT OF RECEIPT(S) SUBMITTED**

Check box if you are joining a troop and are submitting your Juliette Program Credits to be given to your new troop.

\$ _____ **AMOUNT OF JULIETTE PROGRAM CREDITS SUBMITTED**
 Please indicate the amounts to be reimbursed.

Juliette Parent/Guardian Reimbursement

Check (please allow at least four weeks for processing)

Made payable to "Parent/Guardian of GIRL NAME" and mailed to the address listed on this form unless otherwise specified.

EMAIL COMPLETED FORM AND REQUIRED DOCUMENTATION (E.G. RECEIPTS) TO:

Email: info@gsgst.org

Subject line: ATTN:JPC Reimbursement Form

For office use only:

Check Amount: _____ Girl Scouts of Greater South Texas Approval
 Signature: _____
 Date: _____ Case Number: _____

Please keep a copy for your records. Incomplete forms will be returned and result in a processing delay.