



CHECK ORDER FEE REIMBURSEMENT REQUEST

Requested By: _____ Date Submitted: _____

Payee: _____

Mail check to: _____

Instructions:
Please fill out form completely and forward to your membership director for approval.
Attach a copy of the bank statement that shows the check order fee.
Membership Director will forward to Finance Department to be processed.

I certify that all items and services listed below were used for the reason listed, and that use listed was for the exclusive use and benefit of Girl Scouts - North Carolina Coastal Pines.

Signature Date

Membership Director Approval Date

Date of Purchase	Description/reason for purchase	Acct #	Dept #	County of purchase	Amount of Purchase*	Total Purchase
	Check Order Fee Reimbursement	2840	050			\$0.00
					\$0.00	\$0.00