



Returned Check Reimbursement Request for Fall Product Sale and Cookie Program

- Upon receiving this form, Girl Scouts of Colorado (GSCO) will determine if a has troop followed recommended money collection policies. (See troop product sale guides.)
- If approved, this troop will receive a reimbursement up to the total amount listed below (line #15).
- Please complete this form in its entirety to help GSCO expedite reimbursements and collections.
- Keep a copy for your records.
- **Once this form is submitted, the troop cannot accept payment. Party must contact the Denver Service Center.**

Troop Number _____ Service Unit _____ Troop Cookie Manager _____

Troop Leader's Name: _____ Phone: _____

Mailing Address: _____

City, State ZIP: _____

Email: _____

Please answer these questions to the best of your ability:

1. This returned check was received in exchange for the: Fall Product Sale Cookie Program
2. Is this check from a friend, family member, or a member of your troop trusts? Yes / No
 - a. If yes, please explain relationship: _____
3. Did you have any reason to believe this check would be returned? Yes / No
4. Is this returned check written in an amount of \$100 or less? Yes / No
5. Does the check have the person's complete name, address, phone and DL number? Yes / No
6. Did you verify the information preprinted was current? Yes / No
7. Was this check deposited within 7-10 days of receipt? Yes / No
8. What date did you receive notice of this returned check from your troop's bank? _____
9. Has anyone from your troop contacted this person regarding their returned check? Yes / No
 - (Troop must make one contact with this person to attempt collection prior to submitting this form.)
a. Give details of contact: _____

10. Did your troop bank account incur any additional fees associated with this returned check? Yes No
 - a. Amount of additional fees: \$ _____

11. Amount of the returned check: \$ _____

12. Total reimbursement requested: \$ _____

I have completed this information with true and correct information. I understand all this and other documentation will be used to attempt collection and that full reimbursement is not guaranteed.

Signature : _____

Date: _____

****Attach original check or bank legal copy and send to GSCO within 7 days of receiving returned check.**

Mailing Address: Girl Scouts of Colorado
PO Box 9407
400 S. Broadway
Denver, Colorado 80209