

Program Credit Conversion Request Form

Submit form to your local Membership Staff Member

Service Unit: _____ Troop #: _____
Troop Leader or Service Unit Volunteer: _____
Mailing Address: _____ City & State: _____ Zip: _____
Email Address: _____ Phone Number: _____
Date of Activity: _____
What is the name of the activity/event _____
Total dollar amount in credits are you requesting to convert? _____
Troop Leader or Service Unit Volunteer Signature: _____
Date: _____

Membership Staff Signature

Date

Further Explanation, including names/amounts of each Girl Scout the credit is tied to. Form may us for cookie program credits or Early Bird program credits, and must be submitted no later than April 30th, 2025.

COUNCIL USE ONLY

Date Approved by Customer Care: _____ Date Submitted to Finance Department: _____

Product Program Manager Signature: _____

or

Membership staff representative signature _____

Fund	GL	Department	Activity	Source	Location	Function
10	8135				999	3