

Program Credit Conversion Request Form Submit form to your local Membership Staff Member

Service Unit:			Troop #:	· ·		
Troop Leade	r or Service U	nit Volunteer:				Zip:
Mailing Addr	ess:		City & S	State:		Zip:
Email Addre	ss:		Pł	ione Number:		
Date of Activity	y:					
What is the r	name of the ac	ctivity/event _				
Total dollar a	imount in cred	dits are you re	questing to co	onvert?		
Troop Leade	r or Service U	Jnit Volunteei	r Signature: _			
Date:						
	2. 22.21	<u> </u>				
Membership S	Staff Signature	D	ate			
Further Explai	nation, includin	g names/amoun	ts of each Girl So	cout the credit is	tied to. Form m	ay be used for
		Bird program cr				
		C	OUNCIL USE OF	NLY		
	Date Approved h	oy Customer Care:	Date Suhmitte	d to Finance Departm	nent•	
	Product Prog	ram Manager Signature	<u>.</u>			
			or			
	Membership staf	f representative sign	ature			
		.				
Fund	GL	Department	Activity	Source	Location	Function
10	8135				999	3

GSNMT FORMS REVISED 8/2025