



Request for Funds from IRM Account

Individually registered members (IRMs, also known as Juliettes) should plan their Girl Scout year and submit this form for approval. The open request period for approval of fund requests is 30 days after the end of each product program and from August 1st to August 31st.

By submitting this form, you are stating that you have participated in Girl Scout Council of the Southern Appalachians product sale program and are currently registered. All monies due and all required paperwork were turned in to the Program Specialist as directed.

Name: _____ Service Unit: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I participated in: Fall Product Sale (year: _____) Cookie Sale (year: _____) Requesting:
 Reimbursement (receipts attached) Check Request (Check made to: _____)

Juliette funds are for **GIRL USE ONLY**. Funds should be requested in advance. All items are subject to review by the GSCSA Program Specialist and funds will be paid directly to GSCSA or other Vendor. You may request reimbursement for items already purchased for service or high award projects only. For reimbursement, you must attach receipts to this form. No payments will be made directly to Juliette or parent without receipt(s) for expenses. Funds may not be requested for parents or for items unrelated to Girl Scouting. Direct all questions to the Program Specialist.

Funds Requested For:	Amount Request:	Description/Event Name
Membership Registration	\$	Annual membership and council service fee totals \$35
Council Store Purchase	\$	(May be used for uniform components, badges, GSLE printed materials like Journeys, Girl's Guide, & fun patches. You may call the shop to place your order & obtain a total. Please attach your shop order to this form.)
Council Event	\$	
Service Unit Event	\$	
High Award Project	\$	
Service Project	\$	
Council or GSUSA-sponsored travel	\$	
Total Requested	\$	

Requested by: _____
 (Signature of Juliette)

Signature of Juliette's parent/guardian: _____

Date: _____

Reviewed by Program Specialist (signature)

Date Notified: _____

Check #: _____

Balance remaining: \$ _____

- Complete and return this form to the Program Specialist at info@girlscoutcsa.org.
- Please allow **up to 10 business days** for processing.