

DAKOTA CERTIFICATES REIMBURSEMENT

Return form with Dakota Certificates attached to Council Headquarters

EVENT INFORMATION: (*check one*)

Service Unit Event _____ Community Event _____

District _____ State _____

Name of Event _____ Date _____

Number of Girl Participants _____

Total Dakota Certificates Used for Event \$ _____

Amount Requested for Reimbursement \$ _____

MAIL CHECK TO:

Name _____ Troop # _____

Address _____

City _____ State _____ Zip _____

Requested by _____ Position _____

Phone _____ Date _____

APPROVED BY: _____ Date _____

**Return form and Dakota Certificates to Council Headquarters.
Checks processed every two weeks.**

For office use only:	Received _____	Sent/Mailed _____
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