Cookie Reserve Fund
Request Form

Please print and fill form in completely. Any additional information you feel would be of value can be added on the second page.

Requestor Information

Date: _____ Campaign: ☐ Spring ☐ Fall

Name: _____ Unit: _____

District: _____ Area: _____

E-mail: _____ Phone: _____

Parent/Guardian Contact Information

Name(s): _____

Daughter(s) names: _____

iMIS number

Address: _____ Postal Code: _____

_____

Phone: _____

Financial Accountability Procedures (FAP)

Please be sure that you have followed the financial accountability steps before submitting a request to the province (please check off to indicate completion). The FAP document is available on the provincial website under Resources.

Have you taken all the required steps in the FAP? ☐
(See "How to document each step" in the FAP)

Upon the deadline passing, has this been passed to the next Commissioner/Treasurer/Contact Guider? ☐
(See "Procedures" in the FAP)

Has a registered letter been sent from the Area Commissioner/Treasurer? ☐
(A copy of this should be sent with this request)

Details

Number of cases received: _____ Date received: _____

Money paid to date: _____ Date received: _____

Please provide details of what level is owed what amount of money (this will depend on whether or not money has been passed on, please see your District or Area Commissioner for cookie profit breakdown, if needed):

Unit paid to District: _____

District paid to Area: _____

Area paid to province: _____

Requests will be processed once complete information has been received.