



Product Program Bounced Checks Reimbursement Request

This request is for reimbursement due to bounced/returned customer checks during the Product Programs (Candy, Nuts & Magazines/Cookies). This request will be reviewed by the Product Program Department, and if approved, a reimbursement will be issued to the troop. Please allow 5-7 business days for review.

This form and the **original returned check** from the bank must be returned to the council office (within five days of receipt by you). Mail to:

GSKSMO/Product Program
10561 Barkley Street, Suite 101
Overland Park, KS 66212

A personal copy or picture of the check is not sufficient. Failure to provide the returned check **from your bank** can result in a reimbursement being denied.

Troop Number _____ SU _____

Leader Name _____ Phone _____

Leader Mailing Address _____
Street City, State Zip Code

Leader E-mail Address _____

Cookie Manager Name (if different) _____

Cookie Manager Email Address: _____

#1 Returned Check Information

Name Printed on Check _____

Check Amount:\$ _____

Bank Fees due to returned check: \$ _____

#2 Returned Check Information

Name Printed on Check _____

Check Amount:\$ _____

Bank Fees due to returned check: \$ _____