girl scouts of eastern washington and northern idaho

Troop / Service Unit Financial Report

1404 N. Ash St., Spokane, WA 99201
(509) 747-8091☼ (800) 827-9478
www.gsewni.org

Due to the GSEWNI Program/Membership Coordinator annually no later than June 30.

TODAY'S DATE: _____

Troop #: _____ Service Unit #: _____ Program Age Level: _____

Number of Registered Girls: _____ Number of Registered Adults: _____

Name of Person Completing Report _____

Phone Number _____ Reporting Period: From _____ To _____

Signature of Preparer: _____ Date: _____

Include with this report: Spreadsheet, along with the bank statements and receipts to document your transactions.

Balance on hand beginning of reporting period **$ _____** (1)

Income

Troop Dues	_____	(2)
Fall Sale (troop profit only)	_____	(3)
Cookie Sale (troop profit only)	_____	(4)
Other Troop Money Earning Projects	_____	(5)
Other Income/Contributions (include GSUSA Registrations here)	_____	(6)

Total Income (Add lines 2 through 6) $ _____ (7)

Balance (Add lines 1 and 7) $ _____ (8)

Expenses (Report monies spent to date only)

GSUSA Membership	$ _____	(9)
Troop Program	_____	(10)
Patches, Badges, and Insignia	_____	(11)
Troop Camping	_____	(12)
Service Projects	_____	(13)
Troop Trips/Field Trips	_____	(14)
Money Earning Activities	_____	(15)
Other Expenses	_____	(16)

Total Expenses (Add lines 9 through 16) $ _____ (17)

Balance on hand at the end of reporting period **$ _____ (18)**
(Subtract line 17 from line 8)
(Explain on Carry-over Worksheet (Page 4) how balance will be used.)

Note: Financial records (including receipts and bank records) must be kept for 2 years.

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CARRY-OVER WORKSHEET			**Troop #**
Person Completing Form:		**Troop Position:**	
Balance on hand $			
Detailed Item Description	**Quantity**	**Estimated Cost Total**	**Troop Trip Form on File (Y/N)**
(sample) GSUSA membership fees	*10*	*$150.00*	
(sample) Summer field trip	*1*	*$80.00*	*yes*
Total			
Signed and approved by -			
Troop Leader/Preparer of Financial Report:			**Date:**
Program Membership Development Coordinator:			**Date:**
Director, Membership Services:			**Date:**