



Girl Scouts.

Girl Scouts - Diamonds of Arkansas, Oklahoma and Texas



Troop/Group Financial Report

For year ended April 30, _____

Troop/Group # _____

This report is an accountability of troop/group funds. Some monies should remain at year end for ongoing activities. Ending balance should be what is on the bank statement as of April 30, Return two copies of this form to the Service Unit Treasurer with a copy of the April 30 bank statement attached to the top copy. Original receipts must also be turned in with this report. Receipts will be returned once report has been audited. Retain one copy of report for troop/group records. This report is due by May 30 of each year.

Service Unit: _____ Age Level of Troop/Group: _____ # of Girls _____

Table with columns for INCOME and monetary values. Rows include Troop Starter Funds, National Registration Dues GSUSA, Juliette Low Fund, Troop/Group Dues, Fall Product Sales Income, Cookie Sales Income, Program Events (Collected), Council Events, Trips, Service Unit Events, Community Service Projects, Girl Scout Shop Merchandise (Collected), Other Money Earning Projects, Interest Income, Miscellaneous Income, List Detail, Donations/Gifts/Sponsorships, List Detail, TOTAL INCOME, Beg. Balance/ April Bank Stmt Prev Yr, Total Income, Beg. Balance + Total Income, Less - Total Expenses, Ending Balance.

Table with columns for EXPENSE and monetary values. Rows include Repayment of Starter Funds, National Registration Dues GSUSA Fee, Juliette Low Fund Expense, Supplies - Troop Materials & Crafts Expense, Fall Product Sales Expenses, Cookie Incentives/Expenses, Program Fees, Council Events Expenses, Trips Expenses, Service Unit Events Expenses, Community Service Projects Expenses, Girl Scout Shop Merchandise Expenses, Fund Raising Costs for Earning Projects, Bank Fees/Charges, Miscellaneous/Other Expenses, List Detail, TOTAL EXPENSES, Please print names of signatures on bank account.

Bank Name: _____ Bank Account # _____

Finance/banking records are maintained by: Name: _____ Daytime Phone:(_____) _____ Eve. Phone:(_____) _____ Address: _____ Street City ST Zip

Person Submitting Report: _____ Date: _____

Audited/Approved by: _____ Date: _____

Original Receipts returned to: _____ Date: _____