girl scouts diamonds of arkansas, oklahoma and texas

Troop/Group Financial Report

April 30, _____ Troop/Group # _____

This report is an accountability of troop/group funds. Some monies should remain for ongoing activities. Ending balance should reflect the balance on the most recent bank statement. Submit two copies of this report to the Service Unit Treasurer with a copy of the most recent bank statement attached. Original receipts must also be turned in with this report. Receipts will be returned once report has been audited. Submit Troop Sales Summary from Fall Products and Cookie Program. Retain one copy of report for troop/group records. This report is due by May 31 of each year.

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

INCOME	
Troop Starter Funds	$
National Registration Dues GSUSA	$
Juliette Low World Friendship 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	$

EXPENSE	
Repayment of Starter Funds	$
National Registration Dues GSUSA Fee	$
Juliette Low World Friendship 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 #: _____

Bank Routing #: _____

Finance/banking records are maintained by:
Name: _____Daytime Phone: _____ Evening Phone: _____
Address: _____
Street City ST ZIP

Person Submitting Report: _____ Date: _____
Audited/Approved by: _____ Date: _____
Original Receipts returned to: _____ Date: _____