



Girl Scouts of the Missouri Heartland, Inc.

# Service Unit Financial Worksheet 2017

(Reporting Period: September 1, 2016 – August 31, 2017)

Please use this form to complete the attached Service Unit Financial Report 2017 by October 1, 2017.

### Income

Service Unit Events *(Attach a copy of Event Financial Report for each event)*

_____	\$ _____
_____	\$ _____
_____	\$ _____

Donations *(List)*

_____	\$ _____
_____	\$ _____

Money-Earning Projects *(List)*

_____	\$ _____
_____	\$ _____

Other *(List)*

_____	\$ _____
_____	\$ _____

**Total Income 9/1/16 through 8/31/17**

\$ _____
<i>(Transfer total to Report Summary Line B)</i>

### Expenses

Phone \$ \_\_\_\_\_

Mileage Reimbursement *(Include mileage records with form)* \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Office Supplies (paper, copies, checks, postcards, etc.) \$ \_\_\_\_\_

Local Event Supplies (To offset SU events, rallies, etc.) \$ \_\_\_\_\_

Awards/Recognitions \$ \_\_\_\_\_

Service Unit Equipment \$ \_\_\_\_\_

Resource Materials (handbooks, songbooks, etc.) \$ \_\_\_\_\_

Non-Member Insurance \$ \_\_\_\_\_

Girl/Troop Assistance *(List How Used)* \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Donation to JLWFF (Juliette Low World Friendship Fund) \$ \_\_\_\_\_

Other *(List)* \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Expenses 9/1/16 through 8/31/17**

\$ _____
<i>(Transfer total to Report Summary Line D)</i>

(over for Service Unit Financial Report)





**Girl Scouts of the Missouri Heartland, Inc.**  
**Service Unit Financial Report 2017**  
**(Reporting Period: September 1, 2016 – August 31, 2017)**

*Please complete this form, using the information from the Service Unit Financial Worksheet, and submit a copy to your district accounting advisor or a council service center by October 1, 2017 (or, if retiring from your position, submit the report before you leave the position).*

Service Unit Number \_\_\_\_\_ County \_\_\_\_\_ Date Submitted \_\_\_\_\_

**Bank Account Information**

Name of Bank \_\_\_\_\_ Checking Account Number \_\_\_\_\_

Branch Address \_\_\_\_\_ Branch Phone Number \_\_\_\_\_

Persons authorized to sign checks (name and phone number)

- 1. \_\_\_\_\_ Phone \_\_\_\_\_
- 2. \_\_\_\_\_ Phone \_\_\_\_\_
- 3. \_\_\_\_\_ Phone \_\_\_\_\_

**Summary of Attached Financial Worksheet:**

Register balance from August 31, 2016	_____	<i>A</i>
Income (Deposits) <u>9/1/16 - 8/31/17</u> (from worksheet)	_____	<i>B</i>
<b>Sub-Total</b>	_____	<i>C</i>
Less Expenses (checks written) <u>9/1/16 - 8/31/17</u> (from worksheet)	_____	<i>D</i>
<b>Current Register Balance as of 9/1/17</b>	_____	<i>E</i>
<b>Current Bank Balance as of 9/1/17</b>	_____	<i>F</i>

*Please note any discrepancies between balances* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Verification** (This Financial Report must be verified by three non-related adult service team members.)

*I have verified the accuracy of this Service Unit Financial Report by auditing the checkbook and bank statements.*

- 1. \_\_\_\_\_  
 Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_
- 2. \_\_\_\_\_  
 Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_
- 3. \_\_\_\_\_  
 Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Person Submitting Report \_\_\_\_\_ Date \_\_\_\_\_

Service Team Position \_\_\_\_\_ Signature \_\_\_\_\_

For Office Use Only: Date Received \_\_\_\_\_ Audited By \_\_\_\_\_  
 MMS Initials \_\_\_\_\_ Date \_\_\_\_\_ Regional Manager for MMS Initials \_\_\_\_\_ Date \_\_\_\_\_

**Girl Scouts of the Missouri Heartland, Inc.**

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