



Girl Scouts of the Missouri Heartland, Inc.
Girl Scout Troop Financial Report 2011
 (Reporting Period: June 1, 2010 – May 31, 2011)

Please submit this form, with a May 2011 bank statement, by July 1, 2011. Send one copy to your Service Team Manager and one to your Community/Membership Development Specialist. Make sure to keep a copy for your records.

Service Unit # _____ Troop # _____ Beginning # of girls _____ Ending # of girls _____

Leader Name _____

Girl Scout Age Level: Daisy Brownie Junior Cadette Senior Ambassador

INCOME (6/1/10 – 5/31/11)	Amount	EXPENSES (6/1/10 – 5/31/11)	Amount
National Membership dues collected	\$	Membership dues paid to Council	\$
Total troop dues collected	\$	Supplies purchased	\$
Gross Fall Product Program proceeds	\$	Fall Product Program amount paid to Council	\$
Gross Cookie Program proceeds	\$	Cookie Program amount paid to Council	\$
Gross <i>Strive for 25</i> Campaign	\$	<i>Strive for 25</i> paid to Council	\$
Other money-earning projects <i>Please list:</i>	\$	Equipment purchased	\$
	\$	Day camp expenses	\$
		Troop camping expenses	\$
Money collected for special events <i>Please list:</i>	\$	Trip expenses	\$
	\$	Service Projects	\$
Other Income <i>Please list:</i>	\$	Awards, Try-its, Badges, Patches & Pins	\$
	\$	Program event fees	\$
TOTAL INCOME	\$	TOTAL EXPENSES	\$

Beginning Balance (ending balance from previous financial report)	\$
Plus Total Year's Income	+
Minus Total Year's Expenses	-
YEAR END BALANCE	\$

Current Checkbook Balance: _____

Outstanding Checks (please list): _____

What specific activities are planned for the remaining checkbook balance? _____

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 _____

Troop Materials

Books/Publications belonging to troop/group *(please mark all that apply and list to the side)*

- Safety-Wise and updated Activity Checkpoints
- Handbooks/Journeys: _____
- Other Books: _____
- Resource Materials: _____
- Other Items: _____

Volunteer Resources CD

Equipment/Supplies belonging to troop/group *(please mark all that apply and list to the side)*

- Cooking Equipment: _____
- Office Supplies: _____
- Flags Tents Other: _____

Location of equipment and supplies

Name: _____ Phone: _____

Address: _____ City/State: _____ Zip: _____

Troop Leadership

Are you interested in continuing as a leader? Yes No

Is your assistant leader interested in continuing? Yes No

If one of you does not plan to continue, please suggest someone who may be interested:

Name: _____ Phone: _____

Address: _____ City/State: _____ Zip: _____

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

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

1. _____
Name *(please print)* Signature Date

2. _____
Name *(please print)* Signature Date

3. _____
Name *(please print)* Signature Date

Report submitted by: _____
Name Signature Date

For Office Use Only: Date Received _____ Audited by (CMDS) _____

Girl Scouts of the Missouri Heartland, Inc.

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