



Girl Scouts.

# Girl Scouts of the Missouri Heartland, Inc.

## Troop Financial Report

2008-2009 Membership Year

Complete in triplicate. Send one copy to your Service Team Manager and one to your Membership/Community Development Specialist by July 1, 2009. Please be sure to keep a copy for your records.

Service Unit \_\_\_\_\_ Troop # \_\_\_\_\_ Leader \_\_\_\_\_ Beginning # of girls \_\_\_\_\_ Ending # of girls \_\_\_\_\_  
Circle Age Level: Daisy Brownie Junior Cadette Senior Ambassador

<b>INCOME</b>	<b>Amount</b>	<b>EXPENSES</b>	<b>Amount</b>
National Membership dues collected	\$	Membership dues paid to Council	\$
Total troop dues collected	\$	Supplies purchased	\$
Fall Product Program proceeds	\$	Fall Product Program amount paid to Council	\$
Cookie Program proceeds	\$	Cookie Program amount paid to Council	\$
Total Family Partnership Campaign	\$	Family Partnership paid to Council	\$
Other money-earning projects (please list below)	\$	Equipment purchased	\$
Money collected for special events (please list below)	\$	Day Camp expenses	\$
Donations (cash)	\$	Troop camping expenses	\$
Sponsors (cash)	\$	Trip expenses	\$
Other income	\$	Service projects	\$
Other:	\$	Awards, Try-its, Badges, Patches and Pins	\$
	\$	Program event fees	\$
<b>TOTAL INCOME</b>	<b>\$</b>	<b>TOTAL EXPENSES</b>	<b>\$</b>

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

Current Checkbook Balance: \_\_\_\_\_ Outstanding Checks (please list): \_\_\_\_\_

What specific activities are planned for the remaining checkbook balance?

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## **BANK INFORMATION**

Name of Bank _____	Checking account number _____
Branch address and phone # _____	
<b>Persons authorized to sign checks (name and phone number)</b>	
1. _____	
2. _____	
3. _____	

## **TROOP MATERIALS**

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

- Safety-Wise                       Leader's Digest                       Leader's Manual
- Handbooks/Journeys: \_\_\_\_\_
- Other Books: \_\_\_\_\_  Resource Materials: \_\_\_\_\_
- Other Items: \_\_\_\_\_

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 you or your Assistant Leader is not interested in continuing, please suggest someone who may be interested that we may contact:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

## **VERIFICATION**

**This Troop Financial Report must be verified by 3 non-related adult troop members.**

I have verified the accuracy of this Troop Financial Report by auditing the checkbook and bank statements (please print name):

1. _____	_____	_____
(Name)	(Signature)	(Date)
2. _____	_____	_____
(Name)	(Signature)	(Date)
3. _____	_____	_____
(Name)	(Signature)	(Date)

Report submitted by: \_\_\_\_\_

(Name) (Signature) (Date)