



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

**Troop Financial Report 2010**

(Reporting Period: June 1, 2009 – May 31, 2010)

Girl Scouts.

Please submit this form, with a May 2010 bank statement, by July 1, 2010. 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

<b>INCOME (6/1/09 – 5/31/10)</b>	<b>Amount</b>	<b>EXPENSES (6/1/09 – 5/31/10)</b>	<b>Amount</b>
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	\$
<b>TOTAL INCOME</b>	<b>\$</b>	<b>TOTAL EXPENSES</b>	<b>\$</b>

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

**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                       Leader's Digest                       Leader Resource CD
- 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 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

<b>For Office Use Only:</b> Date Received _____ Audited by (CMDS) _____
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