



**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<br><i>Please list:</i>       | \$            | Equipment purchased                         | \$            |
|   | \$            | Day camp expenses                           | \$            |
|   |               | Troop camping expenses                      | \$            |
| Money collected for special events<br><i>Please list:</i> | \$            | Trip expenses                               | \$            |
|   | \$            | Service Projects                            | \$            |
| Other Income<br><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) _____ |
|---|

