



## Troop/Group Financial Report

This report is due: **June 30**. Please give to the service unit manager or service unit financial consultant.

5/08

Line 1. For 1-year from \_\_\_\_\_ to \_\_\_\_\_  
Month and Year Month and Year

Line 2. Service Unit Name & #: \_\_\_\_\_ Troop #: \_\_\_\_\_

Leader: \_\_\_\_\_ Age Level of Troop: \_\_\_\_\_ # of Girls: \_\_\_\_\_

Line #	Income	Amount	Expenses	Amount
3	National Registration Dues:	\$0.00	National Registration Dues:	\$0.00
4	Juliette Low Fund:	\$0.00	Juliette Low Fund:	\$0.00
5	Program Fees <small>(collected)</small>		Program Fees:	
6	Events	\$0.00	Events	\$0.00
7	Trips	\$0.00	Trips	\$0.00
8	Outdoor/Camping	\$0.00	Outdoor/Camping	\$0.00
9	Troop Group Dues:	\$0.00	Supplies:	
10	Fall Product Sales:	\$0.00	General Troop (office, etc.)	\$0.00
11	Cookie Sale:	\$0.00	Program Supplies	\$0.00
12	Other Money Earning Projects: <small>(list)</small>	\$0.00	Service Projects:	\$0.00
13			Earned Recognitions:	\$0.00
14			Other: <small>(specify)</small>	\$0.00
15				
16				
17	Other: <small>(specify)</small>	\$0.00		
18				
19	<b>TOTAL INCOME:</b> <small>(add lines 3 – 18)</small>	<b>\$0.00</b>	<b>TOTAL EXPENSES:</b> <small>(add lines 3 – 18)</small>	<b>\$0.00</b>
20	<b>Beginning Balance:</b>	\$0.00	<b>25. Signatures on the account</b>	
21	<b>Income:</b> <small>(see line 19)</small>	\$0.00	<small>(please print names of signatures on account):</small>	
22	<b>Total Income:</b> <small>(add line 20 &amp; 21)</small>	\$0.00	Signature #1: _____	
23	<b>Expenses:</b>	\$0.00		
24	<b>Ending Balance:</b> <small>(subtract line 23 from line 22)</small>	\$0.00	Signature #2: _____	

26. Troop/Group funds in the amount of \$ \_\_\_\_\_ are deposited in the \_\_\_\_\_ Bank in the name of Girl Scouts of Western Ohio bank account #: \_\_\_\_\_. Troop/Group current bank statement must be attached, along with a plan of ways troop/group funds are going to be used in the next membership year.

**Your troop funds must be deposited at a bank.**

27. Finance records are in the home of:  
 Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
Street City State Zip

28. Signature of Person Preparing Report: \_\_\_\_\_ Date: \_\_\_\_\_