

NOTICE: Effective for the Reports that are due by JUNE 30, 20___, the following additional information is noted/required. Now Page 2 of the Report (Troop or Service Unit) contains the typical breakdown of the income and expenses and nothing additionally has been revised on this page. Please provide the information below and submit with page 2. If page 2 has already been submitted, page 1 should be submitted additionally. Thank you for your assistance.

_____ Troop Number

_____ Service Unit Number

Overview of Responsibilities and Expectations:

Troop leaders, or a designated troop treasurer, must keep up-to-date, accurate records of all monies received and spent, including receipts and copies of the troop check book register and bank statements. Parents, girls and Girl Scout personnel have the right to review these records upon request. Refusal to comply with the Council's policies and procedures could result in the troop account being frozen until financial records are submitted, as well as result in the release of a volunteer from his/her position. If you have any questions, please contact the accounting department.

Please Provide the Signers' Names on the Troop/SU Account: Signers (2) on Bank Account must be unrelated registered Girl Scouts. List signers:

1. _____ 2. _____

Balance in Account as of 5/31/20 :

If the ending balance exceeds \$500, please list the troop/SU plans for these funds.

Troop Status (n/a if S/U):

New

Returning

Disbanding*

*Disbanded troops are required to close all bank accounts and submit this form along with a Disbanded Troop Report and cashier's check for the ending bank balance, payable to Girl Scouts of Greater Mississippi. These funds will be restricted for one year subsequent to the disbanded date. If in the subsequent year a girl decides to join another troop, the leader of that troop can request in writing that an equally portioned amount be transferred into the new troop's account. Girl Scout funds are at no time the property of a volunteer, an individual girl, or her family.

Certification:

We certify that this is an accurate statement of income and expenses for the year (on page 2). (Two signatures—leader, co-leader, and/or bank signers-- required).

_____ Date _____

_____ Date _____

Annual Service Unit Finance Report

Instructions:

1. Each service unit **required** to submit a completed report to the council by June 30.
2. Each service unit should develop and administer its own budget and keep accurate records of its financial activities. This report summarizes, from a financial perspective, the service unit's activities. The council uses this information to monitor and identify needs and trends.

Service Unit Finance Report for the period of ____/____/____ through ____/____/____

Attach copies of all bank statements and receipts for the reporting period above. If the balance on hand is different from last bank statement, please provide an explanation.

Service Unit _____
 SU Manager _____ Phone () _____
 SU Treasurer _____ Phone () _____
 Name of Bank _____
 Checking Acct # _____ Savings Acct# _____

INCOME/ REVENUE (Money Received)

| | |
|--|-----------|
| Balance carried forward from last year | \$ |
| Contributions | \$ |
| Sponsorship Support (attach a list with amounts) | \$ |
| Funds from Disbanded Troops (attach list with amounts) | \$ |
| Cookie Sale Proceeds | \$ |
| Income from Approved Money Earning Project | \$ |
| Other | \$ |
| Other | \$ |
| Total Income | \$ |

EXPENSES (Money Spent)

| | |
|---------------------------------------|-----------|
| Postage | \$ |
| Equipment | \$ |
| Insignia/Awards/Patches Purchased | \$ |
| Community Service Project(s) Expenses | \$ |
| Camping/Sleepover | \$ |
| Supplies | \$ |
| SU Events/Activities | \$ |
| Donations | \$ |
| Cookie Activity Expenses | \$ |
| Other | \$ |
| Other | \$ |
| Other | \$ |
| Total Expenses | \$ |

Total Income \$ _____ - Total Expenses \$ _____ = Balance On hand \$ _____