



Troop/Group Year-End Financial Report 20__ - 20__

Please Print

Troop/Group No.	Level (circle one) D B J C S Ambassador	# of Girls:	Service Unit:
Leader's Name		Address, Town, Zip Code	
Day Phone with Area Code	Evening Phone with Area Code	Email	

Please complete both pages. Give two copies to your Service Unit Manager or her/his designee, along with a copy of your last bank statement, by July 15. Keep one copy for your records.

Income (Money Collected)	
Balance at beginning of period (ending balance from last year-end financial report)	\$
1. GSUSA Annual \$10 Registration Fee per girl and/or adult	\$
2. Financial Assistance from the Service Unit or GSOFT	\$
3. Troop/Group Dues	\$
4. Girl Scout QSP/Be a Reader Program (total income collected)	\$
5. Girl Scout Cookie Program (total income collected)	\$
6. Money-Earning Activities Income (MEA)	\$
7. Programs/Trips/Events/Projects, etc. (specify details on page 2)	\$
8. Monetary Contributions (specify details on page 2)	\$
9. Troop/Group Supplies	\$
10. Miscellaneous Revenue (specify details on page 2)	\$
TOTAL INCOME	\$

Expenses (Money Spent)	
1. GSUSA \$10 Registration Fee x no. of people	\$
2. Financial Assistance to girls/adults	\$
3. Troop/Group Equipment Purchases, i.e., tents, etc. (specify details on page 2)	\$
4. Girl Scout QSP/Be a Reader Program (total payment to council)	\$
5. Girl Scout Cookie Program (total payment to council)	\$
6. Money-Earning Activities Expenses (MEA)	\$
7. Programs/Trips/Events/Projects, etc. (specify details on page 2)	\$
8. Service Project Expenses and Donations, i.e., Juliette Low World Friendship Fund and other charities (specify details on page 2)	\$
9. Troop/Group Supplies	\$
10. Miscellaneous Expenses, i.e., bank charges, training, etc. (specify details on page 2)	\$
TOTAL EXPENSES	\$

BANK/CHECKBOOK RECONCILIATION		* This figure should be your beginning balance for next year.	
Total Income	\$	Bank Statement Balance as of _____	\$
Total Expenses (subtract)	-	Outstanding Checks & Deposits	+/-
New Balance	= \$*	Checkbook Balance	= \$*

These should be the same

Plans for remaining "Balance" : _____

YOU MUST COMPLETE AND SIGN PAGE 2 OF THIS REPORT

SPECIFIC DESCRIPTION OF DONATIONS AND EXPENSES

Monetary Contributions received by troop (list contributions)	
Programs/Trips/Events/Projects, etc., contributions	
Miscellaneous Revenue	
Troop Proceeds QSP/Be A Reader Program	\$
Troop Proceeds Cookie Program	\$

Troop/Group Equipment purchases, i.e., tents, etc.
Programs/Trips/Events/Projects, etc., expenses
Service Project Expenses and Donations to charities from the troop, i.e., Juliette Low, etc. (list donations made)
Miscellaneous Expenses (bank charges, training, etc.)

Definitions:

- Bank Charges: Service charges and check order fees charged by bank.
- Beginning Balance This amount should reflect the ending balance of the prior year’s Finance Report. If a new troop, the beginning balance starts with troop dues.
- Contributions All funds received from any outside agency, organization, or individual (not to exceed \$250 per year).
- Financial Assistance Total of all funds received from the Girl Scouts to support girls in troop.
- MEA Profit earned from all troop money-earning activities.
- Registration Funds collected for annual GSUSA Registration (\$10.00).
- Training Fees used to provide training of Leaders or adult volunteers (i.e. First Aid).
- Trip & Travel Funds collected for Service Unit events, camping, field trips, and council-sponsored programs.
- Troop/Group Dues Funds collected from girls for program activities.
- Troop/Group Supplies Including, but not limited to, craft supplies, refreshments, equipment, etc.

BANK INFORMATION

Troop/Group Number _____ at _____ (name of bank), located at _____ (city), Bank Account Number _____ ;
 to include the council non-profit number 06-0662134.

 Person Holding Bank Account Records

 Day Phone with Area Code

 Evening Phone with Area Code

List ALL Troop/Group Bank Account Signatories (attach additional sheets if needed):

1. _____ Phone: _____
 2. _____ Phone: _____
 3. _____ Phone: _____
- Service Unit Manager or Service Unit Treasurer

This is a true and accurate summary of our fiscal year’s revenue and expenses.

 Submitted by (Print Name)

 Signature

 Title

 Date