



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 \$12 Registration Fee per girl and/or adult	\$
2. Financial Assistance from the Service Unit or GSOFT	\$
3. Troop/Group Dues	\$
4. Girl Scout QSP 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 and/or Equipment (specify details on page 2)	\$
10. Miscellaneous Revenue (specify details on page 2)	\$
TOTAL INCOME	\$

Expenses (Money Spent)	
1. GSUSA \$12 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 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 and/or Equipment (specify details on page 2)	\$
10. Miscellaneous Expenses, i.e., bank charges, training, etc. (specify details on page 2)	\$
TOTAL EXPENSES	\$

BANK/CHECKBOOK RECONCILIATION			
Total Income	\$		
Total Expenses (subtract)	-		
New Balance	\$*	⌘ These should be the same ⌘	Bank Statement Balance as of _____
			Outstanding Checks & Deposits
			\$
			+/-
			=
			\$*

* This figure should be your beginning balance for next year.

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

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/Group.
- MEA: Profit earned from all Troop/Group money-earning activities.
- Registration: Funds collected for annual GSUSA Registration (\$12.00).
- 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 (Signatories must be registered members of Girl Scouts of the USA) (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