

ANNUAL TROOP FINANCIAL REPORT

This report covers from (date):		to (date):		Troop #:	
Leader keeps one copy. Forward one copy to your Troop Organizer or Area Manager by the appropriate date for your region.				Level:	
				School:	
Name of Bank, Credit Union, etc.:				Area:	
Account #:				# of Girls registered:	
Address, City, Zip:				# of Adults registered:	
Name of All Individuals Authorized to Sign Checks:				Date of Last Report:	

Funds on Hand as of Date of Last Report (A)		
INCOME (TOTAL COLLECTED)		TOTAL \$
1	GSUSA Dues or GSHOM Registration	
2	Donation	
3	Family Partnership	
4	Cookie Program	
5	Treats & Reads	
6	Troop Dues	
7	Family Assessments	
	1 - Patches and Badges	
	2 - Activities	
8	Other Money Earning Projects (Please List)	
9	Other Income (Please List)	
TOTAL INCOME, ITEMS 1-9 (B)		
TOTAL FUNDS, ITEM (A) PLUS ITEM (B) (C)		

(B) Should equal income total from the Checkbook Register

EXPENSES		TOTAL \$
1	GSUSA Dues/GSHOM Registration	
2	Donation	
3	Family Partnership	
4	Cookie Program	
5	Treats & Reads	
6	Patches and Badges Expense	
7	Program Supplies	
8	Permanent Equipment	
9	Day Trips & Events	
10	Overnight Trips	
11	Service Projects	
12	Miscellaneous Fees	
13	Other Expenses (Please List)	
TOTAL EXPENSES ITEMS 1 THRU 12 (D)		
BALANCE ON HAND, (C) minus (D) (E)		

(D) Should equal expense total from the Checkbook Register

(E) should equal the checkbook register final balance

Remaining Funds in Account are Allocated for:			
Name of Individual Completing Form: (print)		Telephone:	Date:
Troop Leader's Signature:		Telephone:	Date:
Troop Co-Leader's Signature:		Telephone:	Date:
Treasurer's or Area Manager's Signature:		Telephone:	Date:

This form is due according to the schedule for your region to the Treasurer or Area Manager. This form is kept on file for three years.

girl scouts
heart of michigan

Troop # _____

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