



Girl Scouts of the Missouri Heartland, Inc.

# Service Unit Financial Worksheet 2015

(Reporting Period: September 1, 2014 – August 31, 2015)

Please use this form to complete the attached Service Unit Financial Report 2015 by October 1, 2015.

## Income

Service Unit Events *(Attach a copy of Event Financial Report for each event)*

_____	\$ _____
_____	\$ _____
_____	\$ _____

Donations *(List)*

_____	\$ _____
_____	\$ _____

Money-Earning Projects *(List)*

_____	\$ _____
_____	\$ _____

Other *(List)*

_____	\$ _____
_____	\$ _____

**Total Income 9/1/14 through 8/31/15**

\$ _____
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*(Transfer total to Report Summary Line B)*

## Expenses

Phone	\$ _____
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Mileage Reimbursement <i>(Include mileage records with form)</i>	\$ _____
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Postage	\$ _____
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Office Supplies (paper, copies, checks, postcards, etc.)	\$ _____
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Local Event Supplies (To offset SU events, rallies, etc.)	\$ _____
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Awards/Recognitions	\$ _____
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Service Unit Equipment	\$ _____
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Resource Materials (handbooks, songbooks, etc.)	\$ _____
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Non-Member Insurance	\$ _____
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Girl/Troop Assistance <i>(List How Used)</i> _____	\$ _____
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Donation to JLWFF (Juliette Low World Friendship Fund)	\$ _____
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Other <i>(List)</i> _____	\$ _____
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**Total Expenses 9/1/14 through 8/31/15**

\$ _____
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*(Transfer total to Report Summary Line D)*

*(over for Service Unit Financial Report)*

Please complete this form, using the information from the Service Unit Financial Worksheet, and submit





Girl Scouts of the Missouri Heartland, Inc.  
**Service Unit Financial Report 2014**  
**(Reporting Period: September 1, 2014 – August 31, 2015)**

Please complete this form, using the information from the Service Unit Financial Worksheet, and submit a copy to your district accounting advisor or membership marketing specialist by October 1, 2015 (or, if retiring from your position, submit the report before you leave the position).

Service Unit Number \_\_\_\_\_ County \_\_\_\_\_ Date Submitted \_\_\_\_\_

**Bank Account Information**

Name of Bank \_\_\_\_\_ Checking Account Number \_\_\_\_\_

Branch Address \_\_\_\_\_ Branch Phone Number \_\_\_\_\_

Persons authorized to sign checks (name and phone number)

1. \_\_\_\_\_ Phone \_\_\_\_\_
2. \_\_\_\_\_ Phone \_\_\_\_\_
3. \_\_\_\_\_ Phone \_\_\_\_\_

**Summary of Attached Financial Worksheet:**

Register balance from August 31, 2014	_____ <i>A</i>
Income (Deposits) <u>9/1/14 - 8/31/15</u> (from worksheet)	_____ <i>B</i>
<b>Sub-Total</b>	_____ <i>C</i>
Less Expenses (checks written) <u>9/1/14 - 8/31/15</u> (from worksheet)	_____ <i>D</i>
<b>Current Register Balance as of 9/1/15</b>	_____ <i>E</i>
<b>Current Bank Balance as of 9/1/15</b>	_____ <i>F</i>

Please note any discrepancies between balances \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Verification** (This Financial Report must be verified by three non-related adult service team members.)

*I have verified the accuracy of this Service Unit Financial Report by auditing the checkbook and bank statements.*

1. \_\_\_\_\_  
    Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_
2. \_\_\_\_\_  
    Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_
3. \_\_\_\_\_  
    Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Person Submitting Report \_\_\_\_\_ Date \_\_\_\_\_

Service Team Position \_\_\_\_\_ Signature \_\_\_\_\_

For Office Use Only: Date Received \_\_\_\_\_ Audited By \_\_\_\_\_  
 MMS Initials \_\_\_\_\_ Date \_\_\_\_\_ Regional Manager for MMS Initials \_\_\_\_\_ Date \_\_\_\_\_

**Girl Scouts of the Missouri Heartland, Inc.**

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