



Girl Scouts of the Missouri Heartland, Inc.

# Girl Scout Troop Financial Report 2015

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

Please submit this form, with a December 2014, April 2015, and August 2015 bank statement, by Oct. 1, 2015. Send one copy to your district account advisor and one to your membership marketing specialist. Make sure to keep a copy for your records.

Report Prepared by \_\_\_\_\_ Service Unit # \_\_\_\_\_ Troop # \_\_\_\_\_

Beginning # of girls \_\_\_\_\_ Ending # of girls \_\_\_\_\_ Total Hrs of Community Svc (approx.) \_\_\_\_\_

Girl Scout Age Level:  Daisy  Brownie  Junior  Cadette  Senior  Ambassador

REVENUE (9/1/14 – 8/31/15)	Amount	EXPENSES (9/1/14 – 8/31/15)	Amount
National Membership dues collected	\$	National membership dues paid	\$
Troop Fall Product Program Total proceeds (Total found on <i>Sales Summary</i> by Troop report in Nut-E)	\$	Fall Product Program amount paid to council (by ACH)	\$
Troop Cookie Program Total proceeds (Total found on <i>Troop Balance Summary</i> report in SNAP)	\$	Cookie Program amount paid to council (ACH or deposited to council account)	\$
Cookie Program Troop Bonus amount (10 cent bonus)	\$		
Troop Cookie Program Special Proceeds (if applicable, occurs after end of booth sales Ex: \$2/box cookies)	\$	Cookie Program Special Proceeds amount paid to council (if applicable, occurs after end of booth sales Ex: \$2/box cookies)	\$
<i>Strive for 25</i> Campaign amount collected	\$	<i>Strive for 25</i> Campaign amount paid to council	\$
Troop dues collected	\$	Supplies purchased	\$
Other money-earning projects (Please list)	\$	Equipment purchased	\$
		Day Camp expenses	\$
		Troop Camping expenses	\$
Money collected for special events (Please list)	\$	Trip expenses	\$
		Service projects	\$
Other Income (Please list)	\$	Awards, badges, patches, and pins	\$
		Program event fees	\$
		Other Expenses (Please list)	\$
Donations	\$		
<b>TOTAL REVENUE</b>	<b>\$</b>	<b>TOTAL EXPENSES</b>	<b>\$</b>

<b>Beginning Balance (ending balance from previous financial report)</b>	<b>\$</b>
<b>Plus Total Year's Revenue</b>	<b>+</b>
<b>Minus Total Year's Expenses</b>	<b>-</b>
<b>Year End Balance</b>	<b>\$</b>

**Current Checkbook Balance:** \_\_\_\_\_

Do the Year End Balance and Checkbook Balance totals match?  Yes  No

If "no," why? \_\_\_\_\_

Outstanding Checks (please list): \_\_\_\_\_

What specific activities are planned for the remaining checkbook balance? \_\_\_\_\_

**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 \_\_\_\_\_

**Troop Supplies and Materials**

- Girl's Guide to Girl Scouting
  - Daisy       Brownie       Junior       Cadette       Senior       Ambassador
- Journeys
  - It's Your Story- Tell It!       It's Your World- Change It!       It's Your Planet- Love It!
- Other Books/Resource Materials: \_\_\_\_\_
- Cooking Equipment: \_\_\_\_\_
- Office Supplies: \_\_\_\_\_
- Flags       Tents
- Cookie Booth Supplies: \_\_\_\_\_
- Card Reader
  - Payanywhere       Square       Other: \_\_\_\_\_

Location of equipment and supplies

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Troop Leadership**

Troop Leader(-01) \_\_\_\_\_ Will you be continuing?  Yes  No

Co-leader (-02) \_\_\_\_\_ Will you be continuing?  Yes  No

If one of you does not plan to continue, who will be taking over that position?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

- 1. \_\_\_\_\_  
Name (*please print*)      Signature      Date
- 2. \_\_\_\_\_  
Name (*please print*)      Signature      Date
- 3. \_\_\_\_\_  
Name (*please print*)      Signature      Date

Report submitted by: \_\_\_\_\_  
Name      Signature      Date

**For Office Use Only:**      Date Received \_\_\_\_\_ Audited by (MMS) \_\_\_\_\_

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

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