



ANNUAL SERVICE UNIT FINANCIAL REPORT
FOR THE FISCAL YEAR ENDING 20\_\_

Each Service Unit will complete this form and submit by August 15th.

The Council is ultimately responsible for the effective administration of all Girl Scout monies within its jurisdiction. Please return the originals to your Service Unit Manager, or their designee, along with the 4 required checking and/or savings bank statements of September, December, March, July...of the current membership year. All Service Units must complete this form regardless of their year-end balance.

Service Unit
Service Unit Manager Phone
E-mail
Service Unit Treasurer Phone
Email

Name/Address of Bank (Checking)

Account Number

- Authorized Signers\* 1.
2.
3.

Name/Address of Bank (Savings)

Account Number

- Authorized Signers\* 1.
2.
3.

\*Authorized signers must be currently registered Girl Scout members with a successful background check.

Name of person who will be responsible for Service Unit Finances next year

This is a true and accurate summary of our Service Unit's fiscal year's revenues and expenses.

Submitted by:
Service Unit Treasurer (Signature) (Date)
Service Unit Manager (Signature) (Date)

CATEGORY (Name of Activity)	INCOME	(EXPENSE)	NET
Balance at beginning of period <i>(Ending balance from last financial)</i>	\$ _____		
SU Camporee, Encampment, Cookouts			
#1 _____	_____	_____	_____
#2 _____	_____	_____	_____
#3 _____	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____
SU Trips			
#1 _____	_____	_____	_____
#2 _____	_____	_____	_____
#3 _____	_____	_____	_____
#4 _____	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____
SU Events/Programs			
#1 _____	_____	_____	_____
#2 _____	_____	_____	_____
#3 _____	_____	_____	_____
#4 _____	_____	_____	_____
#5 _____	_____	_____	_____
#6 _____	_____	_____	_____
#7 _____	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____
SU Money-Earning Activities			
#1 _____	_____	_____	_____
#2 _____	_____	_____	_____
#3 _____	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____
SU Service Projects			
#1 _____	_____	_____	_____
#2 _____	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____

CATEGORY (Name of Activity)	INCOME	EXPENSE	NET
Juliette Low World Friendship Fund	_____	_____	_____
Donations/Contributions	_____	_____	_____
Financial Assistance	_____	_____	_____
Girls	_____	_____	_____
Adults	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____
Postage	_____	_____	_____
#1 _____	_____	_____	_____
#2 _____	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____
Copies	_____	_____	_____
#1 _____	_____	_____	_____
#2 _____	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____
Tokens of Appreciation	_____	_____	_____
#1 _____	_____	_____	_____
#2 _____	_____	_____	_____
#3 _____	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____
Miscellaneous	_____	_____	_____
#1 _____	_____	_____	_____
#2 _____	_____	_____	_____
#3 _____	_____	_____	_____
Product Sales SU Bonus	_____	_____	_____
Funds from Disbanded Troops	_____	_____	_____
Funds from Independently Registered Girl Scouts (Juliettes/IRMs)	_____	_____	_____
Interest on Bank Accounts	_____	_____	_____
<b>TOTALS</b>	<b>\$</b> _____	<b>\$</b> _____	<b>\$</b> _____

TOTAL INCOME *minus* TOTAL EXPENSES SHOULD EQUAL ADJUSTED BANK BALANCE

TOTAL INCOME + Reimbursements	\$ _____
TOTAL EXPENSES (subtract)	- _____
BALANCE*	\$ _____

◆These should be the same◆

BANK STATEMENT Balance as of _____	\$ _____
OUTSTANDING CHECKS & DEPOSITS	+/- _____
BALANCE	= _____

Total Checking Account Funds:           \$ \_\_\_\_\_           Number of Registered Girls:           \_\_\_\_\_

Total Savings Account Funds:       + \$ \_\_\_\_\_

**Total Service Unit Assets:**       = \$ \_\_\_\_\_           Allowable Carryover (\$10 per girl)       \$ \_\_\_\_\_

**Difference between Total Service Unit Assets and Allowable Carryover:**       \$ \_\_\_\_\_

\*It is appropriate to have \$10.00 per girl remain in the Service Unit account to assist in the overall management of the Service Unit and for providing program opportunities for girls. If a Service Unit needs to carry over more than the \$10.00 per girl allotment, please note specifics below. Special circumstances requiring larger carry over balances must be discussed and approved by the Member Experience Specialist for your area.

Detail plans for using the excess checking/savings account funds: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_