



Service Unit Finance Report

Service Unit Name or # _____

of Troops/Groups _____

Service Unit Coordinator _____

Service Unit Treasurer _____

For the year ending **May 31**, _____. **Due by June 30** of each year. Submit this form with a copy of last bank statement to the Director of Mission Delivery no later than June 30, _____. Please keep a copy for your records.

Name of Financial Institution _____ Account # _____

Branch Telephone # _____

Account type: Checking Savings Both

Debit Card #: _____

Names of Authorized Signers:

Signer #1 _____

Signer #2 _____

Signer #3 (Council Designee) _____

Please include additional accounts on a separate form.

Record of Donations Received (Monetary & In-Kind)

Indicate the value of all donations the service unit has received in the name of Girl Scouting. Please attach completed sponsorship form for each donor. If you have additional donations, attach a separate piece of paper.

Cash	\$	_____
Supplies	\$	_____
Equipment	\$	_____
Meeting Space	\$	_____
Other (Specify)	\$	_____
	\$	_____
Total Value of Donations	\$	_____

Financial Plans

If the service unit's ending balance is more than \$500 what are the plans for the use of these funds? _____

We certify that the above is an accurate statement of income and expenses for the year.

Print Service Unit Coordinator Name _____

Service Unit Coordinator Signature _____

Date _____

Print Service Unit Treasurer Name _____

Service Unit Treasurer Signature _____

Date _____

Last Updated 08-11-2023

Service Unit Income/Expense Statement

A—Ending Balance from prior year \$ _____

Current Year Income

Donations/Community Contributions \$ _____

Fees Collected for Events/Activities \$ _____

Other Money-Earning Activities: \$ _____

_____ \$ _____

_____ \$ _____

Fall Rebate \$ _____

Cookie Sale Rebate \$ _____

Miscellaneous Income (Specify)

_____ \$ _____

B—Total Income \$ _____

C—Grand Total (A + B) \$ _____

Expenses

Postage and Mailings \$ _____

Copy/Printing Costs \$ _____

Program and Training Supplies \$ _____

Room or Space Rental \$ _____

Equipment Purchases/Maintenance \$ _____

Service Projects \$ _____

Awards and Recognitions \$ _____

Donations \$ _____

Insurance \$ _____

Other Miscellaneous Expenses (Specify)

_____ \$ _____

D—Total Expenses \$ _____

E—Ending Balance (C—D = E) \$ _____

Reconciliation of Funds/Account(s)

Total Balance on Last Bank Statement \$ _____

Total Outstanding Deposits + _____

Total Outstanding Checks - _____

Total Cash Held (Petty Cash) + _____

Grand Total (should equal line "E") \$ _____