

Girl Scouts of Minnesota and Wisconsin Lakes and Pines  
**Service Unit Financial Report**

Service Unit # \_\_\_\_\_

Membership Year 20\_\_\_\_\_

Prepared by \_\_\_\_\_

Position \_\_\_\_\_

**Community Coordinator:** An accurate accounting of troop/group funds is required. Complete and return this form to your Membership Services Specialist by June 1st. All receipts and cancelled checks should be kept on file by the Community Coordinator for three years.

I certify that this Service Unit (circle one)  does /  does not have a checking account for Girl Scout activity funds.

Signed \_\_\_\_\_

Date \_\_\_\_\_

*If there is a Service Unit checking account, please complete the following information and attach a copy of the most recent bank statement from the Service Unit account.*

*If no SU checking account, how are funds held:* \_\_\_\_\_

Service Unit funds are deposited in the name of:

Girl Scouts of Minnesota and Wisconsin Lakes and Pines, Service Unit # \_\_\_\_\_ Federal ID # 41-0877820 at:

Bank name \_\_\_\_\_

Acct # \_\_\_\_\_

Bank address \_\_\_\_\_

Bank phone (\_\_\_\_\_) \_\_\_\_\_

Names of persons on signature card at the bank: \_\_\_\_\_

**First, complete the Income and Expense worksheet on the back of this form.**

**Income and expenses summarization (from reverse side):**

Beginning Balance	\$ _____	(ending balance from last year's report)
Total income	+ \$ _____	
Total expenses	- \$ _____	
Ending balance	= \$ _____	

(If balance is more than \$100, please explain here what the remaining balance will be used for within 12 months)

\_\_\_\_\_  
\_\_\_\_\_

Does your Service Unit account balance to the bank statement attached?  Yes  No

If no, are there outstanding checks/deposits?  Yes  No

Please list outstanding checks/deposits: \_\_\_\_\_ Check # \_\_\_\_\_ Amount; \_\_\_\_\_ Check # \_\_\_\_\_ Amount;  
\_\_\_\_\_ Check # \_\_\_\_\_ Amount; \_\_\_\_\_ Check # \_\_\_\_\_ Amount; \_\_\_\_\_ Check # \_\_\_\_\_ Amount;  
\_\_\_\_\_ Deposit Amount; \_\_\_\_\_ Deposit Amount; \_\_\_\_\_ Deposit Amount

I certify the above account information is complete and accurate to the best of my knowledge.

Signed \_\_\_\_\_

Date \_\_\_\_\_

*Office use only:*

Date received \_\_\_\_\_

Signature of approval \_\_\_\_\_

## Income Worksheet

**BEGINNING BALANCE** \$ \_\_\_\_\_ **This will be the ending balance from last year's Service Unit Financial report** (Indicate this amount on Side 1)  
Date: \_\_\_\_\_

Events \$ \_\_\_\_\_  
Unsolicited Donations \$ \_\_\_\_\_  
Other (briefly explain) \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

\*Service Unit Expenses Reimbursed by GSMWLP \$ \_\_\_\_\_

**TOTAL INCOME** \$ \_\_\_\_\_ (Indicate this amount on Side 1)

## Expense Worksheet

Expenses incurred that are not covered by the council held Service Unit budget.

**Events**  
(e.g. Additional Insurance, decorations, food, patches) \$ \_\_\_\_\_

**\*Shaded areas denote Council held Service Unit budget.**

**Extra Adult or Girl Recognition** \$ \_\_\_\_\_

**Troop Support**  
(e.g. Books, start up funds) \$ \_\_\_\_\_

**Meeting Supplies**  
(Snacks, Ice breakers, etc.) \$ \_\_\_\_\_

**Other** (briefly explain) \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

### **\*Expenses from Council Held SU Budget**

Approved items as followed:

**Building Rental** \$ \_\_\_\_\_  
(leaders meetings & recruitment night)

**Meeting Costs** \$ \_\_\_\_\_  
(paper, envelopes, etc.)

**Postage** \$ \_\_\_\_\_  
(leaders meeting mailings)

**Printing** \$ \_\_\_\_\_  
(leaders meeting mailings)  
(Girl Scout Sunday/Sabbath)  
(Recruitment events)

**Recognition / Awards** \$ \_\_\_\_\_  
(leader recognition)

**Telephone** \$ \_\_\_\_\_  
(leader long distance phone calls)

**TOTAL EXPENSES** \$ \_\_\_\_\_ (Indicate this amount on Side 1)