



Service Unit Financial Report

Service Unit # _____

Membership Year 20____

Prepared by _____

Position _____

Service Unit Manager/Community Coordinator: An accurate accounting of troop/group funds is required. Complete and return this form to the Waite Park Regional Center by June 1st. All receipts and cancelled checks should be kept on file by the Community Coordinator for seven years.

I certify that this Service Unit 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 phone _____

Bank address _____

Names of persons authorized to make withdrawals:

1. _____

2. _____

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:

Check # _____ Amount \$ _____ Check # _____ Amount \$ _____

Please list outstanding deposits:

Date: _____ Amount \$ _____ Date: _____ Amount \$ _____

Office use only:

Date received _____

Signature of approval _____

Income Worksheet

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

Events (e.g. Day Camp, Cookie Kickoff)

_____ \$ _____

_____ \$ _____

_____ \$ _____

Unsolicited Donations \$ _____

Service Unit Sponsor (name of Sponsor) _____ \$ _____

SU Cookie Incentive Earned \$ _____

Other (briefly explain)

_____ \$ _____

_____ \$ _____

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

Expense Worksheet

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

Extra Adult or Girl Recognition \$ _____

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

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

Other (briefly explain)

_____ \$ _____

_____ \$ _____

_____ \$ _____

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

Please Note: Failure to submit this report annually may result in an account audit, freezing of the account until the report is submitted, and/or the checking account being removed from the present signer(s).

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

Signed _____ Date _____