



GIRL SCOUTS OF MICHIGAN CAPITAL COUNCIL
 1974 Cedar Street
 Holt, MI 48842
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 (517) 699-9400 1-800-968-9421

TROOP FINANCIAL STATEMENT

Service Unit _____ Troop Number _____ School _____ Program Level D B J C S

Beginning Date _____ Closing Date for Financial Report _____

Month Year _____ Month Year _____

Required documentation must be turned into your SUD by June 30th. Please fill out two copies. Keep one for your troop records and give the second copy to your Service Unit Director.

Leader's Name _____

Co-Leader's Name _____

FINANCIAL SECTION

Please provide us with the following information:

Troop dues per girl _____ Collected weekly _____ or other (please explain) _____

INCOME:

Beginning Balance (from previous year) _____

Dues (total for year) _____

Fund raisers: (List activity and amount collected)

1. _____

2. _____

3. _____

Please add all income:

TOTAL _____

EXPENSES: (List total expenses for year - not necessary to itemize)

Balance on hand, June, 20__ _____

Who has the money? _____

Bank _____ Account # _____ Signer _____

If over \$25.00, what are troop's plans for the money? (example, major trip being planned) _____

Troop President's or Treasurer's Signature _____

Troop Leader's Signature _____