



GIRL SCOUTS OF MICHIGAN CAPITAL COUNCIL, INC.

**1974 North Cedar Street
Holt, MI 48842
517-699-9400 1-800-968-9421**

SERVICE UNIT FINANCIAL STATEMENT

This form must be completed and returned to the Director of Membership and Marketing by June 30th.

The SUD keeps: (1) a copy of this form, (2) a Detailed Cash Record of Service Unit transaction, and (3) all receipts.

Person completing this form: _____ Day Phone _____

Address: _____ Town: _____ Zip: _____

Name of Bank: _____ Address: _____

Type of Account: _____ Account # _____

Authorized Signatures:

1. _____ 2. _____

3. _____ 4. _____

Beginning date: Month _____ Year _____

Ending date: Month _____ Year _____

Service Unit # _____

*****FINANCIAL SECTION*****

INCOME

Beginning Balance (from previous year) \$ _____

Service Unit Allocation for program year 20__ to 20__ \$ _____

Juliette Low World Friendship Fund \$ _____

Events/Activities: (list activity and amount collected)

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

Other: (Explain)

1. _____ \$ _____

2. _____ \$ _____

****ADD ALL INCOME**** \$ _____

EXPENSES: (attach receipts and Detailed Cash Record form)

Printing		\$ _____
Postage.....		\$ _____
Phone		\$ _____
Transportation		\$ _____
Juliette Low World Friendship Fund.....		\$ _____
Service/Donations		\$ _____
Bank Charges		\$ _____
Area Adult Recognition.....		\$ _____
Adult Recognition		\$ _____
Service Unit/Area Event(s) (Explain)	1. _____	\$ _____
	2. _____	\$ _____
	3. _____	\$ _____
Other: (Explain)		
	1. _____	\$ _____
	2. _____	\$ _____
	3. _____	\$ _____
	4. _____	\$ _____
	** ADD ALL EXPENSES **	\$ _____
	Total Income	\$ _____
	Total Expenses	\$ _____
	Balance on hand, June _____, 20____	\$ _____

Plans for balance on hand: _____

Signature: _____ Date: _____

Council Signature: _____ Date: _____