



(Due to Service Unit Manager by June 30)

Program Year: 20 ____ to 20 ____	SU# _____	Troop # _____	Circle one: D B J C S A
Registered girls _____ adults _____ Leader _____			
Troop/Group Treasurer _____			

ITEM	INCOME	EXPENDITURES	BALANCE
Beginning balance July 1st			\$ _____
Adult Registration (\$12 each)	_____	_____	
Girl Registration (\$12 each)	_____	_____	
Additional Insurance (\$5 per troop)	_____	_____	
 Total Troop Dues @ \$ _____ per girl	_____	_____	
 Nut & Candy Program Sale Revenue	_____	_____	
Cookie Program Sale Revenue	_____	_____	
 Additional Money Earners			
●Event #1 _____ date _____	_____	_____	
●Event #2 _____ date _____	_____	_____	
 Insignia & Earned Awards (pins, badges)	_____	_____	
Supplies (craft materials, flags, etc.)	_____	_____	
 Trips (bus fares, hotels, etc.)	_____	_____	
Camping (food, bus, site, etc.)	_____	_____	
 Postage/Office supplies	_____	_____	
 Other	_____	_____	
• _____	_____	_____	
• _____	_____	_____	
• _____	_____	_____	
 Total Income/Total Expenses	\$ _____	\$ _____	
Balance as of this report			\$ _____

(Please complete reverse side)

Troop Bank Account Information

Please note: copy of bank statements must be attached to this form.

Checking Acct. # _____ or Savings Acct. # _____

Bank Name _____ Branch _____

Names on Account:

Position on the Service Team:

1. _____

2. _____

Signature of Leader _____

Date: _____

Troop Treasurer: _____

Date: _____