

ANNUAL TROOP FINANCIAL REPORT

This financial report covers the period*: (month/yr) _____ **to (month/yr)** _____

*Annual report should cover the period May 1 through April 30 unless a different period is specified by Membership Staff and is due by May 30 to your Service Unit Manager or Membership Staff (or as directed) with your ending Bank Statement.

County/Area/SU _____	Troop/Group # _____ Troop Level _____
Leader/Advisor Name _____	Day Telephone # _____
Email Address _____	(area code) XXX-XXXX

BANK ACCOUNT INFORMATION

Council Policy: " No troop funds shall be kept in a personal bank account. Funds must be kept in a Troop Bank Account. All accounts must have at least three unrelated adult signers.

Bank Name _____	Account # _____
Authorized Signers (Please print) : 1 _____	3 Jane Smith _____
2 _____	4 _____

Bank Name _____	Account # _____
Authorized Signers (Please print) : 1 _____	3 _____
2 _____	4 _____

Troop Balances

Balance Carried Forward from Last Year:	Statement Date*:
Checking Account _____	_____
Savings Account _____	_____
Undeposited Cash _____	_____
Other _____	_____
Total Beginning Balances	_____ (A)

Balance as of the end last bank statement:	Statement Date*:
Checking Account (attach copy of stmt) _____	_____
Savings Account (attach copy of stmt) _____	_____
Undeposited Cash _____	_____
Other _____	_____
Total Ending Balances	_____ (B)

Reconciliation:

_____	+	_____	=	_____ (F)
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Total Beginning Balance (A) + Surplus/(Deficit) (E) (page 2) = Ending Balance(s)*

*Ending Balance (F) must match your Total Ending Balance (B). If you need assistance, please contact your Service Unit Manager or Membership Staff.

If ending balance is more than \$250, please attach Troop's plan for expending the funds

Troop Money Received:

Troop/Group #

1. Girl Scout membership registration fees	_____
2. Troop/Group dues	_____
3. a. Total Cookie money collected	_____
b. Total Fall Product Sale money collected (if applicable)	_____
4. Money Earning Projects: (Please List)	_____

5. Payments collected from families toward trips & activities: (Please List)	_____

6. Council payments to Troop	_____
___ Cookie	_____
___ Fall Sale	_____
___ Wider Opportunity	_____
___ Other	_____
7. Donations to troop**	_____
9. Other (i.e. pass throughs such as Family Partnership Cash) (Please List)	_____

Total Money Received	_____ (C)

** The IRS Code require that Girl Scouts - North Carolina Coastal Pines acknowledge single donations of services, goods, materials, equipment, or money with a value of \$250 or more. Please contact the Council Fund Development Department if your troop has received such donations.

Troop Money Spent:

1. Equipment (tents, cooking equipment, etc.)	_____
2. Supplies	_____
3. Girl Program recognitions (badges, patches, pins)	_____
4. Service Project Materials/Costs	_____
5. Trips & Activities: (Please List)	_____

6. Troop/Group Camping	_____
7. Bank Fees	_____
8. Other (Please List)	_____

9. Payments to Council:	
___ GSUSA Registrations	_____
___ Cookie Payments	_____
___ Fall Sales	_____
___ Troop Camping Fees	_____
Other: (i.e. pymt to Council for Family Partnership cash)	_____

Total Money Spent	_____ (D)

Surplus/(Deficit) _____ (C) - (D)=(E)

(to page 1 Reconciliation)