

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 two unrelated adult signers.

| | |
|--|-----------------|
| Bank Name _____ | Account # _____ |
| Authorized Signers (Please print) : 1 _____ | 3 _____ |
| 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 of the current program year: | Statement Date*: |
| Checking Account (attach copy of stmt) _____ | _____ |
| Savings Account (attach copy of stmt) _____ | _____ |
| Undeposited Cash _____ | _____ |
| Other _____ | _____ |
| Total Ending Balances | (B) |

Reconciliation:

| | | | | |
|-------|---|-------|---|-----------|
| _____ | + | _____ | = | _____ (F) |
|-------|---|-------|---|-----------|

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 plan: _____

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. Cookie Achiever Check from Council | _____ |
| 7. Council Funding (Daisy GS Start Up \$, Wider Opportunity) | _____ |
| 8. 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. Council Payments: | |
| Girl Scout membership regist. fees | _____ |
| a. Cookie Payments | _____ |
| b. Fall Sale (if applicable) | _____ |
| Troop/Group 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) |



DETAILED CASH REPORT

Year _____

Troop Number/Level _____
 Prepared By _____

Balance Brought Forward: _____

Money Received

| DATE | DEPOSIT # | Notes | 1 | 2 | 3 | | 4 | 5 | 6 | 7 | 8 | 9 | Total |
|------|-----------|-------|--|------------------|--------------------------------|--------------------------------------|--------------------------|---|--------------------------------------|--|--------------------------|---|-------|
| | | | Girl Scout Membership Registration Fee | Troop/Group Dues | a. Cookie Sale Money Collected | b. Fall Product Sale Money Collected | Money Earning Project(s) | Payments collected from Families for trips/activities | Cookie Achiever Check (from Council) | Council Funding (i.e. Daisy Start Up, Wider Op \$) | Donations to Troop/Group | Other (i.e. Family Partnership Cash pass through) | |
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