

TROOP FINANCE REPORT

RETURN TO: GSTTC  
 PO Box 30595  
 Billings, MT 59107  
**Before July 1**

Please send a copy of this report with your Troop Report to the GSTTC Service Center and to your Service Unit Manager.

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_

SERVICE UNIT \_\_\_\_\_  
 POSITION \_\_\_\_\_  
 Level: DA BR JR CD SR Other  
 TROOP # \_\_\_\_\_



CASH ON HAND BEGINNING OF YEAR \_\_\_\_\_  
 PRO-RATED FROM TROOP # \_\_\_\_\_

<b>INCOME</b>	
NAT'L DUES COLLECTED _____ GIRLS	_____ ADULTS
TROOP DUES _____ PER WEEK	_____
COLLECTED FOR PINS & BADGES	_____
SPECIAL ASSESSMENTS:	
TROOP CAMP	_____
TROOP TRIP	_____
OTHER _____	_____
TROOP SPONSOR SUPPORT	_____
OTHER DONATIONS _____	_____
COOKIE SALES	_____
ORDERS	_____
BOOTH SALE	_____
QSP/BE A READER SALE	_____
OTHER MONEY-RAISING EVENTS:	_____
_____	_____
_____	_____
JULIETTE LOW WORLD FRNDSHP FUND	_____
<b>TOTAL INCOME:</b>	_____

<b>EXPENSES</b>	
NAT'L DUES TO GSTTC REGISTRAR	_____
TROOP EQUIPMENT	_____
_____	_____
PINS, BADGES, ETC	_____
SPECIAL ACTIVITIES	_____
Council events	_____
Thinking Day	_____
Troop Camp	_____
Troop Trip	_____
Service Projects	_____
Ceremonies	_____
Other _____	_____
ARTS/CRAFT SUPPLIES	_____
JULIETTE LOW WORLD FRNDSHP FUND	_____
OTHER DONATIONS	_____
_____	_____
_____	_____
<b>TOTAL EXPENSES:</b>	_____

**BALANCE AT END OF YEAR:** \_\_\_\_\_

**What are the plans for this balance?** \_\_\_\_\_

NAME AND ADDRESS OF PERSON IN POSSESSION OF TROOP FUNDS

DATE	NAME	ADDRESS	PHONE
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TROOP BANK ACCOUNTS MUST BE LISTED AS : "GIRL SCOUTS TREASURE TRAILS COUNCIL TROOP # \_\_\_\_\_" (ID #81-0231781) AND MUST HAVE THE SIGNATURES OF AT LEAST 2 ADULTS, ONE BEING THE SERVICE UNIT MANAGER OR COUNCIL REPRESENTATIVE. PLEASE GIVE NAME OF BANK AND NAMES OF THE ADULTS WHOSE SIGNATURES ARE AUTHORIZED.

\_\_\_\_\_  
 BANK  
 \_\_\_\_\_  
 ACCOUNT #(S)

\_\_\_\_\_  
 Signature                      Date  
 \_\_\_\_\_  
 Signature                      Date