

ANNUAL TROOP/GROUP FINANCE REPORT

Due: June 1 Date _____

Troop/Group # _____ Age Level _____ # Girls _____ County _____

Leader's Name _____ Address _____

Treasurer's Name _____ Address _____

Is Leader Returning Next Year? YES _____ NO _____ Phone _____

If NO, Leader for Next Year Name _____ Phone _____

Income/Revenue

Expenses

National Membership Dues \$10 x _____
 Troop Dues _____
 Fall Product Sale Total _____
 Cookie Sale Total _____
 Sponsor Support _____
 Family Partnership _____
 Other _____
 Other _____
 Other _____
 Other _____

National Membership Dues Paid _____
 Shop Purchases _____
 Fall Sale (\$ Pd. to Council) _____
 Cookie Sale (\$ Pd. Council) _____
 Council Events _____
 Troop Supplies _____
 County Events _____
 Troop Trips/Camping _____
 Juliette Low Fund _____
 Family Partnership _____

TOTAL #1 \$ _____

TOTAL #2 \$ _____

***Per council policy, all bank accounts must be in Reelfoot Council's name and address with the troop number listed. Statements are to be mailed to the council office where a copy will remain on file. The bank statement will then be mailed to troop.**

Bank Information	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Beginning Balance</td> <td style="width: 10%;">\$ _____</td> <td style="width: 10%;"></td> </tr> <tr> <td>Income/Revenue</td> <td>+ \$ _____</td> <td>#1</td> </tr> <tr> <td>Expenses</td> <td>- \$ _____</td> <td>#2</td> </tr> <tr> <td colspan="3"><hr/></td> </tr> <tr> <td>Total</td> <td>\$ _____</td> <td></td> </tr> <tr> <td colspan="3"><hr/></td> </tr> <tr> <td>Ending Balance</td> <td>\$ _____</td> <td></td> </tr> </table>	Beginning Balance	\$ _____		Income/Revenue	+ \$ _____	#1	Expenses	- \$ _____	#2	<hr/>			Total	\$ _____		<hr/>			Ending Balance	\$ _____	
Beginning Balance	\$ _____																					
Income/Revenue	+ \$ _____	#1																				
Expenses	- \$ _____	#2																				
<hr/>																						
Total	\$ _____																					
<hr/>																						
Ending Balance	\$ _____																					
Bank Name _____ Bank Address _____ Checking Acct.# _____ Authorized Signatures on Account: Name _____ Name _____ Name _____																						

Please keep a copy for your records.