

Send your completed form and a copy of the troop's MAY bank statement to your Service Unit.
Name this document 24-SUXXX-TroopXXXXX-TFRName your bank statement: 24-SUXXX-TroopXXXXX-MonthStatement

| Troop # | SU # | Service Unit Name | Person Completing Report | Position | Date of Report |
|---------|------|-------------------|--------------------------|----------|----------------|
| | | | | | |

| Daisy | Brownie | Junior | Cadette | Senior | Ambassador | Number of Registered Girls | Number of Registered Adults |
|-------|---------|--------|---------|--------|------------|----------------------------|-----------------------------|
| | | | | | | | |

| DUES: | Weekly | Monthly | Yearly |
|----------------------------|--------|---------|--------|
| Amount Collected Per Girl: | \$ | \$ | \$ |

| BANK ACCOUNT NAME: | Checking Account Number | Savings/Other Account Number |
|--------------------|-------------------------|------------------------------|
| | | |

| Authorized Signers on Bank Accounts | Address (With Zip Code) | Phone Number: |
|-------------------------------------|-------------------------|---------------|
| | | |
| | | |
| | | |

SUMMARY OF TROOP INCOME AND EXPENSES: *Bank Balance: May 31, 2023, \$ _____*

| Income | Expenses |
|-----------------------------|-------------------------------------|
| G.S. Registration Fees Paid | G.S. Registration Fees Paid |
| Troops Dues Collected | Program Supplies (crafts, etc.) |
| Activity Fees | Awards and Insignia |
| Fall Product Profit | Food and Refreshments |
| Cookie Profit | Trips and Transportation |
| Donations | Service Projects |
| Account Interest | Overnight Camping |
| Other Money Earning Profit | Other Costs i.e. money earning etc. |
| Other Income: | Equipment |
| TOTAL TROOP INCOME | TOTAL TROOP EXPENSES |

Ending balance on TFR should match ending bank statement balance **BANK BALANCE: May 31, 2024 \$ _____**

If balance is more than \$100, please indicate plan for use: _____

Is current leader continuing with this troop? If no, YES NO If no, name of new leader: _____

Troop Age Level for next year: _____ Meeting Place and Address: _____

Meeting Day and Time/Frequency: _____

| Role: | Signature | Today's Date |
|--|-----------|--------------|
| Troop Leader | | |
| Service Unit Manager or Treasurer | | |
| GSEP Volunteer Experience Staff | | |