girl scouts of central illinois

Troop Budget Worksheet

Troop Number:	Service Area:	Program Age Level: D B J C S A
Leader's Name:	Email:	Phone:
Name of Person completing report:		

Balance as of last report: $_____

Income:

Membership registration fee	$_____
Troop Dues	$_____
Fall Product Activity	$_____
Cookie Sale Activity	$_____
Other money earning projects	$_____
Other money earning projects	$_____
Miscellaneous	$_____
Total income:	$_____

Expense:

Membership registration fee	$_____
Outdoor activities (camping, cookouts, etc.)	$_____
Craft supplies	$_____
Other activities	$_____
Badges, pins, patches, etc.	$_____
Service Area event fees	$_____
GSCI event/activity fees	$_____
Miscellaneous	$_____
Total expense:	$_____
Balance on Hand:	$_____

Bank Name: _____ Phone Number: _____

Checking Account Number: _____ Savings Account Number: _____

Bank Account Signatories: 1. _____ 2. _____

3. _____ 4. _____