Girl Scouts of Central and Western Massachusetts, Inc.
800-462-9100 (in MA) or 413-584-2602 • gscwm.org • info@gscwm.org

Annual Report of Troop Funds and ACH Authorization

Report of Troop Funds

This report fulfills Girl Scouts of Central and Western Massachusetts' obligation as a legal corporation to account for public funds and to provide information required by Girl Scouts of the USA. Thank you for accepting your responsibility to submit this information. Send one copy to the Finance Department a the Worcester Service Center (81 Gold Star Blvd., Worcester, MA 01606) by June 15th. Retain a copy for your records.

Troop #: _____ Service Unit: _____

Program Level: O Daisy O Brownie O Junior O Cadette O Senior O Ambassador # of Girls _____

Leader's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

TROOP INCOME	TROOP EXPENSES	BALANCE SUMMARY
(Use worksheet on reverse side)	(Use worksheet on reverse side)	Previous Year's Balance: $ _____
TOTAL INCOME: $ _____	EXPENSES TOTAL: $ _____	Plus INCOME Total: + $ _____
		SUBTOTAL: $ _____
		Minus EXPENSES Total: - $ _____
		BALANCE ON HAND: $ _____
		As of (date): _____

If the troop has a balance, of more than $50what will these funds be used for?

_____

_____ *When?* _____

The above record of troop funds is correct to the best of my knowledge. Leader's Signature: _____ Date: _____

Automatic Clearing House (ACH) Authorization

Three signers of unrelated, currently registered, Girl Scout adults are required to be on the account. One of the three signers is a member of the service team. Two signatures are required for every withdrawal and written check. ATM/debit cards may be (at least 2 signers must have online access to the account). I/we give GSCWM the authority to initiate bank withdrawals and deposits to the troop bank account below. I/we understand that it is the troop's responsibility to notify GSCWM if funds will not be available on the specified date, and that accept responsibility for any fees assessed for insufficient should we failed to provide timely notice to GSCWM.

Status of Account (circle one): ☐New ☐Ongoing (no changes) ☐Check Signers Changed ☐Closed

Bank Name and Branch Address: _____

Account Name: Girl Scouts of Central and Western Massachusetts, Inc. – Troop # __ __ __ __ __

Transit ABA (Routing Number): _____ Account Number: _____

List the names of all authorized signers. Check the circle next to the person who receives the bank statements.

O Print Name _____

O Print Name _____

O Print Name _____

Signature_____

Signature required of a signer who does NOT receive the statements.

Worksheet for Income and Expenses

TROOP INCOME

Fall Product Sale income	$
Cooke Sale Income	$
Fees Collected for GSUSA dues	$
Troop dues collected	$
Fees collected for activities and trips	$
Money collected for Juliette Low World Friendship fund	$
Money collected for insignia (badges, pins, patches)	$
	$
List any other income:	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
Income Total:	**$**

TROOP EXPENSES

GS Registration Fees	$
Supplies	$
Equipment	$
Activities and field trips	$
Expenses for other money earning activities	$
List any other expenses:	
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
Expense Total:	**$**

Please carry totals over to front side.

Our bank account is a (check one): O Checking Account O Savings Account

If using a checking account, please attach voided check here.