



Girl Scouts of the Northwestern Great Lakes

SERVICE AREA QUARTERLY FINANCE REPORT

For Service Area Bank Accounts

DUE: March 31 _____ June 30 _____ September 30 _____ December 30 _____

SERVICE AREA: _____ BANK NAME: _____ ACCT. # _____

INCOME:

Date	Description	Amount
_____	From Council	\$ _____
_____	Area Events	\$ _____
_____	Donations*	\$ _____
_____	Fund raising*	\$ _____
_____	Other	\$ _____
Describe _____		

EXPENSES:

Date	Description	Amount
_____	To Council	\$ _____
_____	Area Events	\$ _____
_____	Postage	\$ _____
_____	Phone	\$ _____
_____	Recognitions	\$ _____
_____	Other	\$ _____
Describe _____		

TOTAL INCOME \$ _____

TOTAL EXPENSES \$ _____

*Please be more specific on the back of this sheet. Thank you!

BEGINNING BALANCE:	\$ _____
+ TOTAL INCOME:	\$ _____
= SUBTOTAL:	\$ _____
- TOTAL EXPENSES:	\$ _____
= ENDING BALANCE	\$ _____

Prepared by: (print) _____ Position: _____

Please print, sign and return completed form to your Membership Manager.

Signature: _____ Date _____

Complete page 2 if necessary.

Please provide specific information on any donations received or fund raising conducted. Thank you.