

**Girl Scouts - Lone Star Council
EVENT FINANCIAL REPORT**



Check Box:

- Event Financial**
- Service Unit Fund-Raising**

Service Unit _____
 Event Name _____
 Event Date _____

Coordinator - Fill out this form if 2 or more troops do an activity or event together. Return the completed form to your Service Unit Treasurer after the event. The Service Unit Treasurer attaches it to *Service Unit Financial Report* due to the MDE on June 1.

Event Coordinator _____ Day phone _____

Signature of person completing form _____ Date _____

INCOME

Total fees collected \$ _____
 Amount per person (_____)
 Donations (cash / check)

 Insurance _____
 Total patch fee _____
 (if not included in basic event fee)
 Other

 SUB-TOTAL \$ _____
 LESS FEE REFUNDS _____
 TOTAL INCOME \$ _____

DONATIONS OF ITEMS (other than cash)

EXPENSES

Program supplies (crafts, etc.) \$ _____
 Food, drinks, etc. _____
 Office supplies _____
 Medical (First aid kit, etc.) _____
 Janitorial fee _____
 Insurance (non-member, etc.) _____
 Telephone _____
 Postage _____
 Patches _____
 Facility rental _____
 Equipment rental _____
 Mileage reimbursement _____
 Consultant fees/expenses _____
 Honorarium/Appreciation _____
 Other

 TOTAL EXPENSES \$ _____
 Subtract expenses from income
 BALANCE (+ / -) \$ _____