

Report of funds expended by Service Unit (SU) * Notes Required Field

	*SU Manager:	*SU #:	
SERVICE UNIT ALLOCATION ACCOUNT <i>(Amount the service unit receives from Girl Scouts of Western Washington)</i>		Income <i>(Add)</i>	Expenses <i>(Deduct)</i>
		Allocation Total <i>(Income-Expenses)</i>	
1	Beginning Balance (before 2023–2024 allocation received)*		
2	2023/2024 allocation amount received*		
3	Postage		
4	Recognition		
5	Meeting Supplies		
6	Printing/Copying Expenses		
7	Communication Expenses		
8	SU Equipment/Library resources		
9	Other Expenses		
10	Total Service Unit Allocation Balance August 31, 2024 <i>(Carry balance to summary block below)</i>		

Other Income within Allocation (e.g., Renewal Incentive, SU money-earning activities, donations): Submit the corresponding income ledger for any expenses and note any fund transfers to an event account in the ledger.		Income <i>(Add)</i>	Expenses <i>(Deduct)</i>	Other Income Total <i>(Income-Expenses)</i>
Service Unit Renewal Incentive				\$ -
Donations (other than event specific donations)				\$ -
SU Money Earning Events				\$ -
Other				\$ -
Total Other Balance August 31, 2024 <i>(Carry balance to summary block below)</i>		\$ -	\$ -	\$ -

	<input type="checkbox"/> SU Events (within Allocation Account) <input type="checkbox"/> SU has a separate Event account <input type="checkbox"/> SU did not hold events during the fiscal year	Income <i>(Add)</i>	Expenses <i>(Deduct)</i>	Event Total <i>(Income-Expenses)</i>
11	*2022–2023 carry over balance as of September 2023			
12				
13				
14				
15				
16				
17				
18				
19	Total Service Unit Event Balance August 31, 2024 <i>(Carry balance to summary block below)</i>			

*SUMMARY BLOCK			
20	SUTreasurer:		1. Final SU Allocation Balance
21	SU Address:		2. Final SU Event Balance
	SU Telephone:		3. Other Income Balance
22	SU Email:		4. Balance in SU Checkbook

**Double-check your SU Finance Report Checklist before submission.

***"Save" or "Shift-F9" to calculate report

Finance report submitted by:		SU Position:		Date:
Council Staff Name (Print):				
Council Staff Signature:				Date: