

Did the service area utilize the account to handle money for a service area event during the quarter?

Yes No

If yes, briefly describe event, number of adults and girls participating, cost charged per participant and detail expenses.

Briefly describe any other expenses incurred by the service area during the quarter and purpose.

Please attach the following:

- Copies of the last three monthly account statements from the bank.
- Copy of the check register pages that apply to the above statements.

Checking Account Information

Bank: _____ Account no: _____

Authorized Signers

Authorized account signers must be non-related registered adult Girl Scouts not living in the same household.

(Print name)

1. _____

2. _____

Preparer's Signature: _____

Print Name and Position: _____

Date: _____

For office use. Date Received: _____

Membership Manager: _____ DCD: _____