

Camp Finance & Balance Report

Please complete this form and mail to the Girl Scout and Volunteer Resource Center no later than two weeks after the camp is completed.

Camp Director:						Date:		
Service Unit(s):					Datas of Day (Region:		
Location	n of Camp:				Dates of Day C	amp:		
Locatioi		City			State		Zip Code	
Income								
		(# of participants)) X	\$	(event fee) =	\$		
		(# of participants)						
		n <u>t (</u> # of participants)						
		(# of participants)						
	Balance from Pre				(0,0111100)	\$		
	Other Income (Pl	ease list source)				\$		
	Total Income =							
Expense	es			-		Ŧ		
	Miscellaneous Ex	penses:						
		per person X people X d	lays)	\$				
	Site Rental for			\$				
	Program Consultants/Activity Specialists <u>\$</u>							
	Meals/Snacks			<u>\$</u>				
	First Aid Suppl	ies		\$				
	Postage			<u>\$</u>				
Admissions Fees (i.e. swimming, boating, horseback riding, etc.)								
	Other			\$				
	Program Supplies	5:						
	Patches (if prov			\$				
	T-Shirts (if provided) <u>\$</u>							
	Supplies for Ac	tivities		\$				
				ſ	otal Expenses =	\$		
		Amount Remainin	g Af	ter Al	l Bills Are Paid =	\$		
0								
Camp funds are located in The account number is							(Bank/Location)	
The acc	count number is							
The nar	nes on the signatu	re card for the account are	:					
Signature of Camp Director:								
Signature of Service Unit Administrator:							_ Date:	
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		Diamond Council, Att: Progra WV 25302; Phone: (304) 345			, 321			
Fax: (304) 345-6427.								
							Use Only:	
					•	Date:		
					•			