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|---------------------|
| Date Received _____ |
| Received By _____ |

Financial Assistance Year-End Troop Expense Reconciliation Form

Program Year 20 _____ -20 _____

(This form is should be completed for each girl receiving financial assistance funds – excluding shop vouchers)

Submit completed form to:
 Girl Scouts of Greater Chicago and Northwest Indiana
 Lisle Regional Service Center
 Attn: Office of Financial Assistance
 2400 Ogden Avenue, Suite 400, Lisle, IL 60532
 Phone 630.544.5900 Fax 630.544.5999

Or E-mail:
 financialassistance@girlscoutsgcnwi.org

Girl Scout Name _____ 5-Digit Troop # _____
 Leader Name _____
 Address _____
 City _____ St _____ Zip _____
 Phone _____ E-mail Address _____

Troop Dues Awarded: \$ _____ Program/Trip/Travel Awarded: \$ _____

| TROOP DUES | | PROGRAM/TROOP TRIPS/DESTINATIONS AND TRAVEL | |
|------------------------|-----------|---------------------------------------------|-----------|
| Expense(s) | Cost | Name of Event(s) | Cost |
| | | | |
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| | | | |
| | | | |
| | | | |
| Total Expenses: | \$ | Total Expenses: | \$ |

Total Awarded \$ _____ - Total Expenses \$ _____ = Remaining Balance \$ _____

Please return unused financial assistance funds with completed worksheet.

Leader's comments/recommendations (use back of report, additional pages, or body of e-mail if desired):

In order for funds to be awarded for the next program year, this form must be returned by June 15.