



SERVICE UNIT (SU) / GROUP FINANCE WORKSHEET AND ANNUAL REPORT MEMBERSHIP YEAR _____

SECTION 1: SERVICE UNIT BANKING INFORMATION

Please complete the Service Unit bank account information for the period from **June 1st of last year through May 31st of the current year.**

*Reminder: Service Unit funds should be banked in the name of the Service Unit **and** the Council. A minimum of two adults should be given authority to draw against the account. These will usually be the Service Unit Manager (SUM), SU Treasurer, or SU Committee Chairman. This suggestion is made in order to give access to the Service Unit funds in case the SUM is called away or unable to sign checks. Any change to Bank Signatories requires an updated Troop/SU Bylaw form submittal to Council and American Savings Bank *Or when permitted, an Alternative Approved Financial Institution*. Take this form to your local ASB Branch and update your signature card while you're there. Effective August 2019, all troops and service units must comply with the updated Troop Finance Agreements and Bylaw policy.*

SECTION 2: SECTION 2: DETAILED CASH RECORDS OF SERVICE UNIT BANK ACCOUNT

Please use the example below to complete the detailed cash record of your Service Unit's bank account. If more sheets are required, please photocopy this page or attach your own file. Effective August 2019, all troops and service units must comply with the updated Troop Finance Agreements and Bylaw policy. Troops and Service Units that do not enroll in online banking will be responsible for all fees assessed by ASB associated with paper statements. Effective January 2020 these fees will be automatically assessed by ASB.

Example:

DATE	ITEM	INCOME	EXPENSES	ON HAND
6/1/13	Balance from previous year	\$1,025.00	\$850.00	\$175.00
6/3/13	Troop Deposits for SU Event – June, '13	\$50.00		\$225.00
6/22/13	Liability Insurance for SU Event – July '14		\$10.00	\$215.00

Service Unit Carryover Limits

Service Units are allowed to carryover funds from one membership year to the next to facilitate the participation in program opportunities year round. However, the carryovers of large balances are discouraged, as the funds should be expended on a timely basis to encourage girl's participation in Service Unit activities. Carryover funds should not exceed **\$1,000.00** annually in SU Accounts.

SECTION 3: FORM SUBMITTAL AND RECORD KEEPING

Please submit your forms to your GSH Council Representative no later than **June 30th**. A copy of this form should be kept with your Service Unit files for seven (7) years. This record, or a copy of it, should be transferred from one SUM to another as the leadership of SU changes; from one Treasurer to another as the office changes. Service Units that operate aboard military Installations may be subject to additional requirements. The Service Unit team is responsible for assuring compliance with Base Operating Procedures and maintaining good standing.



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SECTION 1: SERVICE UNIT BANKING INFORMATION

SU #s: _____ Service Unit Name: _____

SU Treasurer's Name: _____

Address _____

Phone: _____ Email: _____

SU Manager's Name: _____

Address _____

Phone: _____ Email: _____

BANK ACCOUNT INFORMATION:

Have your Bank Signatories changed in the last year? Yes ____ No ____
If Yes, any change to Bank Signatories requires an updated Troop/SU Bylaws form submittal to Council and American Savings Bank *Or when permitted, an Alternative Approved Financial Institution*.

Bank Name: _____ Branch: _____

Account #: _____

Address where statements are mailed: _____

Enrolled in Online banking?

Name: _____ Yes ____ No ____

Name: _____ Yes ____ No ____

Name: _____ Yes ____ No ____

Name: _____ Yes ____ No ____

SU Equipment/Resources are kept by:

Name: _____ Role in the SU: _____

Address: _____

Phone: _____ Email: _____

PLEASE LIST SERVICE UNIT RESOURCES KEPT ON HAND



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DETAILED CASH RECORD FOR SU# _____

DATE	ITEM	INCOME	EXPENSES	AMOUNT OF CASH ON HAND

ANNUAL TOTAL	INCOME	EXPENSES	AMOUNT OF CASH ON HAND

1. Is the Amount of Cash on Hand below the carryover limit for the Service Unit? Yes No
2. If no, please provide a brief explanation as to the intended use of the funds and the time frame in which it will be spent.

Signature of SU Treasurer / Date	SU # / SU Name
Signature of Service Unit Manager	Date
Council Representative Signature / Date Received	Action (Check all that apply): <input type="checkbox"/> File <input type="checkbox"/> Contact <input type="checkbox"/> Carryover Approved <input type="checkbox"/> Carryover Denied