

Service Unit		
Report Code		
Membership Year	_	

Thank you for accepting your responsibility to submit this information. Please complete this form and email the original, along with a copy of your most recent Service Unit account bank statement and all receipts, to info@gsdsw.org by June 30th. Please keep a copy for five years.Reminder: Personal use of Service Unit funds at any time is strictly prohibited and illegal.

Print Name		Position
SERVICE UNIT ACCOUNT I	NFORMATION	NAMES OF THE 3 AUTHORIZED SIGNATURES
Bank Name	Branch	
Address		
Acct. Name	Acct. #	
INCOME	EXPENSES	TOTAL Previous Year's Balance \$
Cookie Sale Proceeds \$	Events or Other Activities (List by event):	This Year's Income +
\$ \$		
Total Fees collected for SU		\$ This Year's Expenses
Events or Activities		\$SUBTOTAL \$
\$ \$\$		\$ Donation to JLWFF
\$	_	\$ SUBTOTAL \$
\$\$ \$	SU Supplies: (Copying, stamps, meetings, etc.)	\$
\$	Volunteer Recognitions	TOTAL BALANCE \$  This balance must equal to the
Other Income:	Other Expenses:	reconciled bank balance on your bank statement.
\$ \$		\$
Donations: \$		\$   As of:   Date
TOTAL INCOME \$	TOTAL EXPENSES \$_	How many Sponsorship Forms have been submitted to GSDSW this membership year?
		( )
Service Unit Treasurer Signature		Date Phone #