



# Girl Scouts of Greater Chicago and Northwest Indiana

Vernon Hills Regional Service Center  
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## VISTA Community Finance Report Form Membership Year \_\_\_\_\_

The VISTA Community Finance Management Partner completes this form and submits it to the VISTA Finance Management Ambassador by June 30<sup>th</sup>. Original receipts will be maintained in the VISTA files for seven (7) years. Copies of original receipts will be selectively audited and forwarded upon request to the accounting department where they are included as documentation for the annual council audit.

I. VISTA # \_\_\_\_\_ Community Name \_\_\_\_\_

### II. VISTA Community Bank Account Information

Name of Bank \_\_\_\_\_

Bank Address \_\_\_\_\_  
Street City State Zip

Bank Nine (9) Digit Routing # \_\_\_\_\_

VISTA Community Bank Account # \_\_\_\_\_

Signatures on Bank Account 1. \_\_\_\_\_  
2. \_\_\_\_\_

III. Report all other VISTA community checking account activity (VISTA community program income and expenses).

IV. Section IV **excludes** funds reported in Section V.

#### INCOME

##### A. Event Fee Income (list events)

1. \_\_\_\_\_ \$ \_\_\_\_\_  
2. \_\_\_\_\_ \$ \_\_\_\_\_  
3. \_\_\_\_\_ \$ \_\_\_\_\_  
4. \_\_\_\_\_ \$ \_\_\_\_\_  
5. \_\_\_\_\_ \$ \_\_\_\_\_

**Total Event Fee Income:** \$ \_\_\_\_\_

##### B. Contributions from groups to Juliette Low World Friendship Fund

\$ \_\_\_\_\_

**Total Income deposited in VISTA checking account** \$ \_\_\_\_\_

**EXPENSES**

Office supplies, paper	\$ _____
Program supplies	\$ _____
Transportation	\$ _____
Insignia	\$ _____
Insurance	\$ _____
Postage	\$ _____
Food and beverages	\$ _____
Facility and equipment rental for program	\$ _____
Juliette Low World Friendship Fund	\$ _____

(should equal amount listed as income from troops)

**Total event expenses paid through the VISTA checking account** \$ \_\_\_\_\_

V. Balance remaining in VISTA community checking account \$ \_\_\_\_\_

How will balance be used? \_\_\_\_\_  
\_\_\_\_\_

VI. Report reviewed/approved by:

\_\_\_\_\_  
VISTA Financial Management Ambassador or Designee Signature Date

\_\_\_\_\_  
Membership/Program Staff Signature Date