

TROOP MONEY EARNING REQUEST

Troop number: _____ Area: _____

Program level: _____ Number of girls: _____

INSTRUCTIONS:

(Complete this form in detail)

Submit for approval at least six weeks in advance to the area manager for approval of the program aspect. The area manager will then forward the request to the finance committee by the 20th of the month preceding the committee meeting. (The finance committee meets the first Tuesday of each month.) Each troop may have one money-raising activity each year in addition to the fall sale and cookie sale. (Exception may be made for Cadette and Senior troops with long-range plans.) Bottle/can and newspaper drives do not require permission. Bingo games, raffles, or direct solicitation of funds are not permitted. The troop (if continuing) must have submitted their annual troop report.

The troop needs additional money for the following trip/project: (Be specific in describing, including all costs)

I approve the trip/project: _____

(signature of area manager)

(date)

TROOP BUDGET

Proposed Income:

Dues: _____ \$ _____

Fall sale: _____ \$ _____

Cookies: _____ \$ _____

Project: _____ \$ _____

Other: _____ \$ _____

TOTAL \$ _____

Proposed Expense: (Specify)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL \$ _____

Money earning project: _____

Dates of project: _____

Please describe project: _____

Is project representative of Girl Scout program? _____

If so, how? _____

If this is a project to be sold, answer the following:

What is profit? (Ideally 40%) _____

Who pays the shipping? _____

Can unsold items be returned? _____

Why do you think this product will sell in your Area? _____

Is anyone else selling this product in your Area? _____

When was this product last sold in your Area? _____

We have read the Girl Scouts of Peninsula Waters, Inc. financial policies and the standards in Safety-Wise and feel this project is good, safe, and follows all rules and regulations. We will send a money-raising report to the finance committee ten days after completion of the project.

Adult in charge: _____ Phone: _____ Date: _____

Complete address: _____

Council use only: Approved: _____ Denied: _____ Date: _____