

Annual Service Area Finance Report



Service Area Information:

Service Area: _____

Bank Name: _____ Last 4 Digits of Account Number: _____

Name of Signers of Bank Account: 1. _____ 2. _____

Name of Treasurer: _____ Are you returning as Treasurer? ☐ Yes ☐ No

INCOME		EXPENSES	
Description	Amount	Description	Amount
Allocations	\$	Events	\$
Events	\$		\$
Donations*	\$		\$
Money-Earning*	\$		\$
	\$		\$
	\$		\$
	\$		\$
Total Income	\$	Total Expenses	\$

*Please add donation and money-earning details on next page.

Account Information:

Beginning Balance	\$
(+) Total Income	\$
(=) Subtotal	\$
(-) Total Expenses	\$
(=) Ending Balance	\$

Prepared by (Print Name): _____ Position: _____

Please return completed form, finance log, and bank statement by May 31 to info@gsngwl.org

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Please provide any donation (donor and amount) and/or money-earning (activity and amount) details here.