



This form must be filled out for all approved money earning projects and returned to your Service Unit and Troop Support Manager within two weeks of the project.

Troop Number _____ Service Unit _____ Age Level BR JR CA SR AM

Troop Leader _____ Phone: Day _____ Evening _____

Name of Project _____ Date of Project _____

Please fill out the following financial information:

- 1. Anticipated profit from project \$ _____
- 2. Total Income from project \$ _____
- 3. Total Expense \$ _____
- 4. Net Profit (#2 - #3) \$ _____
- 5. Total in Troop Treasury after project \$ _____

Evaluate your project. Include input from girls and adults involved and what you would have done differently.

To what extent were girls involved in designing, planning, and implementing this project?

What did girls learn by participating in the project?

Profits were MORE LESS than expected.

If more than expected, what will you use the extra money for? _____

If less than expected, how will you finish funding your activity? _____

Would you recommend this project to other troops? Yes No Explain

Troop Leader's Signature _____ Date _____