

Day Camp Budget and Income Summary



Girl Scouts of NE Kansas & NW Missouri
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| | |
|--|---|
| SU _____ Day Camp Name _____ Director _____ Business Manager _____ | Dates _____ Approved By _____ Estimated # of Girls _____ Actual # Girls _____ |
|--|---|

| INCOME | Preliminary Budget | Revised Budget | Actual Income |
|---------------------------------------|--------------------|----------------|---------------|
| Basic Fee | | | |
| Program Fee | _____ | _____ | _____ |
| Site + Activity Fee | _____ | _____ | _____ |
| Lats/Equipment | _____ | _____ | _____ |
| Subtotal Basic Fee | _____ | _____ | _____ |
| Optional Fees | | | |
| Overnight | _____ | _____ | _____ |
| Patch/Segment | _____ | _____ | _____ |
| Teen Fees | _____ | _____ | _____ |
| Bus | _____ | _____ | _____ |
| Subtotal Optional Fees | _____ | _____ | _____ |
| Non-Member/Guest Fees | | | |
| Girl Scout Registration Fees | _____ | _____ | _____ |
| Tag & Guest Fees | _____ | _____ | _____ |
| Insurance Fees | _____ | _____ | _____ |
| Subtotal Non-Member/Guest Fees | _____ | _____ | _____ |
| Miscellaneous | | | |
| Donations | _____ | _____ | _____ |
| Program Supply Refunds | _____ | _____ | _____ |
| Sub-Total Miscellaneous | _____ | _____ | _____ |
| TOTAL INCOME | _____ | _____ | _____ |

| EXPENSE | Preliminary Budget | Revised Budget | Actual Expense |
|-----------------------------------|--------------------|----------------|----------------|
| Basic Expenses | | | |
| Program Supplies | _____ | _____ | _____ |
| Other Supplies | _____ | _____ | _____ |
| Food: Meals | _____ | _____ | _____ |
| Office Supplies | _____ | _____ | _____ |
| Health & Safety | _____ | _____ | _____ |
| Site + Activity | _____ | _____ | _____ |
| Lats & Equipment | _____ | _____ | _____ |
| Subtotal Optional Fees | _____ | _____ | _____ |
| Optional Expenses | | | |
| Overnight | _____ | _____ | _____ |
| Patch/Segment | _____ | _____ | _____ |
| Teen | _____ | _____ | _____ |
| Bus | _____ | _____ | _____ |
| Subtotal Optional Expenses | _____ | _____ | _____ |
| Non-Member/Guest Expenses | | | |
| Girl Scout Registration Fees | _____ | _____ | _____ |
| Tag & Guest Expenses | _____ | _____ | _____ |
| Insurance | _____ | _____ | _____ |
| Subtotal Non-Member | _____ | _____ | _____ |
| TOTAL EXPENSES | _____ | _____ | _____ |

| | |
|--|--|
| CHECKBOOK RECAP Beginning balance: last year _____ Plus total income _____ | Less total expenses _____ Equals this year's balance _____ |
|--|--|