

Day Camp Final Budget Worksheet

Service Unit: _____ Day Camp ID#: _____

Dates of Day Camp: _____

Camp Director: _____ Phone #: _____ Email: _____

Business Manager: _____ Phone #: _____ Email: _____

Actual Income:

Participants	# of Participants		Fee		Total
Girl Scouts		X		=	\$
Girl Scouts of Volunteers		X		=	\$
Adults		X		=	\$
Program Aides		X		=	\$
Pixies or Tags		X		=	\$
Financial Assistance		X		=	\$
Girl Scout Membership Dues		X		=	\$
Bus Fee		x		=	\$
Others (t-shirt, patch, etc.)		x		=	\$
TOTAL			TOTAL INCOME		

Actual Expenses:

Description	Number		Cost		Total Expense
Consultants		X	\$	=	\$
Food		X	\$	=	\$
Office Supplies		X	\$	=	\$
Volunteer Recognition		X	\$	=	\$
Program Supplies (200 girls x 5 days = #)		X	\$	=	\$
Patches		X	\$	=	\$
T-Shirts		X	\$	=	\$
Health Supplies		X	\$	=	\$
Janitorial/Housekeeping		X	\$	=	\$
Postage		X	\$	=	\$
Site Rental Fee		X	\$	=	\$
Portalets		X	\$	=	\$
Buses		X	\$	=	\$
Insurance		X	\$	=	\$
Refunds		X	\$	=	\$
Girl Scout Membership Dues		X	\$	=	\$
TOTAL EXPENSES					

Office Use Only

Date Received Budget:
_____ / _____ / _____

Budget Approved:
PPM: _____

Date: _____ / _____ / _____

1101508-006/2020

