



**Girl Scouts of  
Eastern South Carolina  
Troop Owned Equipment Form  
20\_\_ - 20\_\_ Membership Year**

**Instructions:** Please complete and submit along with the Annual Troop Finance Report to your Volunteer Support Specialist by **October 15<sup>th</sup>**. List anything that is TROOP OWNED, including quantity and location of the items. Please do NOT include items that need to be replaced or replenished on a regular basis such as paper, crayons, glue, etc.

Service Unit \_\_\_\_\_ Troop # \_\_\_\_\_ Grade Level \_\_\_\_\_

Leader's Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address, City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

**Location where items are stored:**

**Books**

Item	Qty
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	
7. _____	
8. _____	
9. _____	
10. _____	

**Craft Supplies**

Item	Qty
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	
7. _____	
8. _____	
9. _____	
10. _____	

**Camp Equipment**

Item	Qty
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	
7. _____	
8. _____	
9. _____	
10. _____	

**Miscellaneous**

Item	Qty
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	
7. _____	

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

