

# **SERVICE UNIT MONEY EARNING APPLICATION (DUE ONE MONTH PRIOR TO ACTIVITY)**

Read Troop Finance and Money Earning Council Policies. Complete this form and submit to Service Unit Manager for approval. Separate money earning applications must be submitted for each fundraising event. If this application is for an event to raise general service unit funds, a Program Event Plan must be submitted in conjunction with this form.

SERVICE UNIT NO. \_\_\_\_\_ Service Unit Manager/Event Coordinator: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

SERVICE UNIT'S FINANCIAL STATUS: Current service unit treasury balance \$ \_\_\_\_\_

### Sources of Income

Product Sale participation:	Year	Amount Earned
Cookies	_____	_____

Other (Please list source of income and amount):

\_\_\_\_\_

Annual Report submitted last spring? \_\_\_\_\_ Yes \_\_\_\_\_ No Acct. Balance on Last ATR: \$ \_\_\_\_\_

### MONEY EARNING REQUESTS

Amount needed \$ \_\_\_\_\_ Date of project \_\_\_\_\_ No. Participants: \_\_\_\_\_

Reason(s) for needing additional funds: \_\_\_\_\_

\_\_\_\_\_

Describe fund raising project: \_\_\_\_\_

Is this your first request for a fund raising project? \_\_\_\_\_ Yes \_\_\_\_\_ No Date of Last Request: \_\_\_\_\_

SIGNATURES: \_\_\_\_\_  
Service Unit Manager Date

### To be completed by Council

APPROVED BY: \_\_\_\_\_  
Reviewed Council Membership Manager Date

\_\_\_\_\_ Date  
Fund Development Manager

DENIED BY: \_\_\_\_\_  
Name and Title Date

REASON DENIED: \_\_\_\_\_