



Girl Scouts of Eastern South Carolina

Service Unit Owned Equipment Form 20__ - 20__ Membership Year

Instructions: Please complete and submit along with the Service Unit Annual Financial Report to your Field Director **by October 31st**. Please list anything that is SERVICE UNIT 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 _____

Service Unit Chair'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. _____	

Misc.

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

