**Girl Scouts of Eastern South Carolina**



**Service Unit Owned Equipment Form**

**Membership Year:** Click here to enter text.

**Instructions:** Please complete and submit along with the Service Unit Annual Financial Report to your Volunteer Support Specialist **by** **October 15**. 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 Click here to enter text.

Service Unit Chair’s Name Click here to enter text.

Phone Click here to enter text.

Street Address, City, State, ZipClick here to enter text.

Email Address Click here to enter text.

**Location where items are stored:** Click here to enter text.

**Books Craft Supplies**

Item Qty Item Qty

1. Click here to enter text.
2. Click here to enter text.
3. Click here to enter text.
4. Click here to enter text.
5. Click here to enter text.
6. Click here to enter text.
7. Click here to enter text.
8. Click here to enter text.

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10. Click here to enter text.

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**Camp Equipment Misc.**

Item Qty Item Qty

1. Click here to enter text.

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