

Ohio 4-H Club/Affiliate Yearly Financial Summary

Due at Annual Volunteer Training (Required to receive Enrollment Packet)

Program Year _____ Club/Affiliate Name _____

Bank Name _____ EIN _____ Account Number _____

Bank Address _____

Bank City/ST/Zip _____

Type of Account (select one): ___ Checking ___ Savings ___ Other (please list) - _____

Who is authorized to sign your checks? (preferably two unrelated people)

Beginning Account Balance as of Jan. 1 (should match bank statement) _____

Club/Affiliate Income (please list, may combine similar items, but list all fundraising separately)

Description (fundraiser, dues, etc.)	Amount		Description (fundraiser, dues, etc.)	Amount
Total Income				

Club/Affiliate Expenses

Description (books, program fees, etc.)	Amount		Description (books, program fees, etc.)	Amount
Total Expenses				

Ending Account Balance as of Dec. 31 (should match bank statement) _____

Name of person completing form _____