Ohio 4-H Club/Affiliate Yearly Financial Summary

Due December 31

Program Year _____ Club/Affiliate Name _____

Bank Name _____ EIN _____ Account Number _____

Bank Address _____

Bank City/State/Zip _____

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

Who is authorized to sign your checks? (must have at least one name, preferably two names)

_____ _____

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

Club/Affiliate Income (please list)

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

Club/Affiliate Expenses (please list)

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

Ending Account Balance (should match your last bank statement) _____

Name of person completing form _____

Please attach your January bank statement and the most recent bank statement received for this program year.