Ohio 4-H Club / Affiliate Yearly Financial Summary

Due December 1st

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? (must have at least one name, preferrably two names)

_____ _____

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

Club/Affiliate Income (please list – or attach appropriate documentation)

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

Club/Affiliate Expenses (please list – or attach appropriate documentation)

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 _____