

Ohio 4-H Club/Affiliate Yearly Financial Summary

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, preferably two names)

Beginning Account Balance as of the beginning of your program year (should match bank statement)

Club/Affiliate Income (please list)

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 the end of your program year (should match bank statement)

Name of person completing form _____