

Ohio 4-H Club/Affiliate Yearly Financial Summary Due January 15, 2021 – Turn In Separately From Treasurer’s Book

Program Year: 2019 Club/Affiliate Name _____ EIN _____

Bank Name _____ Account Number _____

Bank Address _____

Bank City/State/Zip _____

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

Who is authorized to sign checks? Please PRINT. (Must have at least one name, preferably two.)

Beginning Account Balance as of January 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

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 (please PRINT) _____

