

Ohio 4-H Committee/Council Yearly Financial Summary*

Due October 31

Program Year _____ Committee/Council: _____

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 not related)

Name of Treasurer: _____ **Beginning Account Balance as of Oct. 1** (previous year*) _____
(should match bank statement)

Club/Affiliate Income (please list: attach additional pages as needed)

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

Club/Affiliate Expenses (please list: attach additional pages as needed)

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

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

person completing this form Name _____ Signiture _____