

Ohio 4-H Club/Affiliate Yearly Financial Summary

Due January 31
Email to: ashland4h@osu.edu

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 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

Description (books, program fees, etc.)	Amount		Description (books, program fees, etc.)	Amount
Total Expenses (or use back to continue)				

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

Name of person completing form _____

Club/Affiliate Expenses, Continued

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