

Ohio 4-H Club / Affiliate Yearly Financial Summary Due January 15

*Program Year:	*Club/Affiliat	e Name:			
*County in which 4-H club is base	d:				
*Bank name:		*EIN:	*Account #		
*Bank name: *Bank address: *City (of bank):					
	o Conince o Other	State: Ohio	*Zip Code:		
*Type of account: Checking Add a signer name Remove last signer name from list		<u>Signe</u>	r Name		
	**Atleast ONE nan	<u>ne is required. List ALL nar</u>	nes authorized as signo	ers for the above account.	
* <u>Beginning acc</u>		ry 1, (should match ba	nk statement):		
Club / Affiliate Income Income Description (i.e., club dues, fund raisers,					
		ıb premiums, etc.)		Income Amount	
			Total Income		



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Club/Affiliate Expenses

Expense Description (i.e., project books, member

	fees, booth supplies, awards, etc.)	<u>Expense Amount</u>
	Total	Expenses:
Ending account bala	nce as of December 31 (should match bank state	ement):
*Name of person completing this Ohio 4-H Clu	b / Affiliate Yearly Financial Summary Form:	