

Ohio 4-H Club/Affiliate Yearly Financial Summary

Due January 16, 2024

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 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			

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

Name of person completing form _____