

4-H ANNUAL FINANCIAL REPORT

COUNTY _____ CLUB/GROUP _____ E.I.N. _____
(Employee Identification Number)

CHECK ONE: COMMUNITY CLUB ____ PROJECT CLUB ____ COUNTY 4-H COUNCIL ____ OTHER ____

REPORT FOR _____ THROUGH _____
(Date) (Date)

TREASURER _____ CO-SIGNER _____

PHONE _____ PHONE _____

INCOME		EXPENSES	
SOURCE	AMOUNT	ITEM	AMOUNT
BEGINNING BALANCE <small>Carryover from previous year</small>		OUTSTANDING BILLS	
TOTALLED RECEIPTS/DEPOSITS		TOTALLED EXPENSES	
		TOTALLED FEES	
TOTALLED RECEIPTS/DEPOSITS	\$0.00	TOTALLED EXPENSES	\$0.00

ENDING BALANCE (Balance to be carried over to the new program year) _____ \$0.00
 DATE REPORTED _____

 Signature of Treasurer

 Signature of Leader

 Signature of Auditor (may be parent or other leader)