4-H Club Year-End Financial Summary Report Due October 31

4-H Clubs are required to complete this report at the end of each 4-H year. The 4-H fiscal year is from October to September. **Balance to match your bank statements**, not the checkbook register. **Attach copies of your October and September bank statements**. ALL FIELDS ARE REQUIRED, INCLUDING EMAILS.

Club/Group Name _____ **4-H Year** _____

Treasurer's Name _____ **County** _____

Organizational Leader Name _____ **Club EIN** _____

Organizational Leader Email _____

Checking Account # _____	**Savings Account #** _____
Ending balance from last year's Year-end summary _____	**Ending balance from last year's Year-end summary** _____
Total Income/Credit (+) _____	**Total Income/Credit (+)** _____
Total Expense/Debit (-) _____	**Total Expense/Debit (-)** _____
Ending Balance of September Bank statement _____	**Ending Balance of September Bank statement** _____

Checking Account is at _____
Name of Bank Mailing Address, City, State, & Zip

Savings Account is at _____
Name of Bank Mailing Address, City, State, & Zip

The check book is in the possession of _____

The debit card is in the possession of _____

Cash on Hand $_____ Cash is in the possession of _____

Signers on checking account
1) _____ _____
Signer PRINT Name Signer EMAIL

Minimum of two required. Cannot be related.
2) _____ _____
Signer PRINT Name Signer EMAIL

3) _____ _____
Signer PRINT Name Signer EMAIL

I certify that the above balances are a correct summary of receipts and expenses of this club that I am treasurer of:

_____ _____ _____
Treasurer PRINT Name Treasurer EMAIL Date

Yearly Financial Review Certification - Two reviewers required.

We, the Financial Review Committee, **are from two different families not related to the Treasurer or signers on the accounts** nor are we signers on the accounts for this club, or 4-H council. We certify that we have reviewed the Treasurer's book and **bank account statements** (not the checkbook register) of the above club/group and found them to be correct to the best of our knowledge.

_____ _____ _____
Reviewer PRINT Name Reviewer EMAIL Date

_____ _____ _____
Reviewer PRINT Name Reviewer EMAIL Date