

Ohio 4-H Club/Affiliate Yearly Financial Summary

Due January 31 each year

Program Year _____ Club/Affiliate _____

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 _____



THE OHIO STATE UNIVERSITY

COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES

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