

Financial Review Date_____

4-H CLUB/GROUP or OTHER EXTENSION AFFILIATED GROUP

ANNUAL FINANCIAL REPORT

(to be completed by the Financial Review Committee)

Name of club or affiliated group ______ Unit Name_____

Each year a financial adults; for 4-H Club f				nsists of at least three adults and two 4-H		
members to demonstrate youth-adult partnerships. Committee members may not be signatories on						
the group or club's f	inancial account(s) o	r have familial or fir	nancial relationship	ps to the treasurer. In		
the event you do not	have enough memb	ers to make up a rev	view committee or	you are unable to do so		
because of familial o	r financial relationshi	ps to the treasurer,	you could consider	asking a neighboring		
club or non-member	individuals to help co	omplete the review.				
- ca :			15 51			
Type of Acct. – Checking, Savings, CD	Account Number	Bank Name and Location	Beginning Balan October 1	ce Ending Balance September 30		
account(s).	ed to sign on the club	o or affiliated group	are authorized to s	·		
include the income and expense from each of these events. NOTE: There may only be INCOME or						
EXPENSE, simply list	•		,	,		
EVENT or ACTIVITY		INCO	MF	EXPENSE		
1				LAT LITTE		
2						
3						
4						
5						
		·				

(Please Complete Other Side)

List any expenses or income that look	ks unusual:	
1		
2		
This certifies that the financial review balances and finds that they (Please o		record keeping and financial
Are in Order		
return the form to your local Extension	on Office for further instruction action (Further review and action le. Recommendations should l follow up must be submitted	tions should be done within 30 days of oe included on this form-use to your local Extension Office of any
The 4-H Club/Group or Other Affiliate concerns in the financial records (atta		_
The 4-H Club/Group or Other Affiliate recommendations (attach additional		e makes the following
We have examined the treasury reco incomes to be accurate.	rds of the club or affiliated gro	oup and believe all expenses and
*Name (Please Print)	Signature	Date
1		
2		
3		
4		
5		

^{*}By signing I verify that I am not a family member of the treasurer of this account(s), am not personally a signatory on the account(s) and have adhered to all the guidelines established for a Financial Review Committee member.

PLEASE KEEP A COPY OF THIS REPORT FOR YOUR CLUB'S FINANCIAL RECORDS

* * EXTENSION OFFICE USE BELOW * *

Date First Received In Office Reviewed/Received By
1. All submitted information appears to be in order. No follow up information or actions are needed.
2. Corrections or additional information is needed as indicated:
Date approval was in Extension Council minutes
This document was adapted from a form developed by the Meadowlark Extension District
KSU 4-3 (Dec 2020)