

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	review committee fo	r other Extension affi	lliated groups, cor	nsists of at least three
adults; for 4-H Club f	inancial reviews of tro	easurer books, it is re	commended two	adults and two 4-H
members to demons	trate youth-adult par	tnerships. Committe	e members may	not be signatories on
the group or club's f	inancial account(s) or	r have familial or fina	ancial relationship	ps to the treasurer. In
the event you do not	have enough membe	ers to make up a revi	ew committee or	you are unable to do so
•	•	·		r asking a neighboring
	individuals to help co			
Type of Acct. –	Account Number	Bank Name and	Beginning Balan	ice Ending Balance
Checking, Savings,	Account Number	Location	October 1	September 30
CD		Location	October 1	September 50
ALL persons authoriz Check here account(s).	nd expense from eac	o or affiliated group fi NSION EMPLOYEES a	re authorized to s	sign for this/these m the past year. Please
EVENT or ACTIVITY		INCOM	ME	EXPENSE
1				
2				
3				
4				
5	-			

(Please Complete Other Side)

List any expenses or income that le	ooks unusual:	
1		
2		
This certifies that the financial rev balances and finds that they (Pleas		record keeping and financial
Are in Order		
return the form to your local Exter Require further review at the original financial review if poss	nsion Office for further instruction nd action (Further review and act sible. Recommendations should l ten follow up must be submitted	to your local Extension Office of any
The 4-H Club/Group or Other Affiliconcerns in the financial records (a		e found the following conditions or ary):
The 4-H Club/Group or Other Affili recommendations (attach addition		e makes the following
We have examined the treasury reincomes to be accurate.	ecords 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 needed.	be in order. No follow up information or actions are
2. Corrections or additional information	is needed as indicated:
Date approval was in Extension Council minutes	5
This document was adapted from a form develop	ped by the Meadowlark Extension District
KSU 4-3 (April 2019)	