

4-H Clubs must complete this form and submit it to the 4-H Extension Professional no later than the county's designated deadline.

4-H Clubs with an EIN - Treasurers & Volunteer Leaders will complete the entire form (Parts 1-6). Clubs with more than one bank account type will complete additional forms with parts 1, 4, 5 & 6 for each account.

		Part 1. 4-H	Club Info	ormation				
For the period Septe	mber 1, 20	to August 31, 20	Co	ounty				
4-H Club Name			EI	N Information	YES	NO		
		Part 2. Annual Ve	rific <u>ation</u>	for 4-H Clubs	S			
\$100.00 in cash-on-ha	nd for a period	teer verifies the accuracy of the ca of up to 30 days. If the 4-H club choo o obtain an Employer Identification N	ses to open	an account at a fi		-		
Signed by the followin	g authorized clu	o representative						
Balance of club's cash-	on-hand \$							
Does the club plan on holding a fundraising event in the next year?					YES	NO		
		Part 3. Inventory	of 4-H	Club Propert	У			
		ased with 4-H club funds and all item			NOT list cons	sumable items such as food	, tape,	
If the 4-H club has no		quantity is so significant that the item y by signing here:	ns will last m	ore tnan a year.				
inventory list is requi	red in the treasu	onated during the reporting period. Rurer book. Each donation must be ack ty must be returned to the County Ex	knowledged	in writing, with a c	opy retained	I in the treasurer's records.	If the club	
Inventory Date	Quantity	Item Description	Item Va (purchas donati	e/ Storage L	ocation	Donor/Business Na (donations or gift		
	Clubs that purc	hased or accepted donations of more their treasury			orting period	can submit		
		Part 4. 4-H Clubs			n			
4 list banking informat account report. Do no	ion for all accou	nplete a separate Annual Financial Vents. In Part 5 specify the account numble accounts into a single report.	erification Re	port for each acco	unt. Report t			
4-H Club EIN				Type of Account Checking		A/C Number		
Name of Financial Institution				Savings		Ay e Number		
Name of Financial Institution				Javiligs	A/C	Number		
Name of Financial Institution				(account type)	A/C	Number		
Signatories' Signatures 1 2			Checking	Savings Other		Two signatures ar required on the		

Part 5. Financial Statement											
Provide the account number being reported on this fin	ancial verification repo	ort.									
1. Adjusted treasury balance as of September 1 of last	1		\$								
2. Income	Amount	2	*Itemiz	zations of Miscellaneous Income							
2A. Donations											
2B. Fundraisers											
2C. Other/Miscellaneous (List in itemizations*)											
2D. Program Fees											
3. Total income for the period (add lines 2A + 2B + 2C)	3	plus	\$								
4. Expenses	Amount	4	*Itemiza	ations of Miscellaneous Expenses							
4A. Meeting											
4B. Food/refreshments											
4C. Project manuals/workshops											
4D. 4-H Program Fees											
4E. Trips											
4F. Awards/Scholarships											
4G. Community service activities											
4H. Rental Fees**											
4I. Other/Miscellaneous (List in itemizations*)											
5. Total expenses for the period (add lines 4A 4I.)		5	minus	\$							
**The Extension Business Office will sign any required contracts or ago	reements on behalf of the 4-H	club.									
6. Account balance at end of the period August 31. (ad		inus (-) line 5)		6	equals	\$					
7. Total deposits made not shown on the bank statemen	nt			8	plus						
8. Total outstanding checks/withdrawals not on the ban		7	minus								
9. Adjusted balance (should agree with the August 31 a	ccount statement)			9	equals	\$					
Please respond to the following:											
1. The account statement was reconciled each month. Yes No 2. The 4-H Club minutes reflect that all expenses were approved by a vote											
of the membership either as individual line items or as a club budget. Yes											
Dart (6. Signatures, R	oviow and	Approva								
rait	3. Signatures, K	eview allu i	Approva								
											
Signature of Club Treasurer	Phone		Date								
						_					
Signature of Volunteer Leader	Phone		Date								
Signature of Review Committee Member (1)	Phone		Date								
Signature of Review Committee Member (2)	Phone		Date								
, ,											
Signature of Review Committee Member (3)	Phone		Date			-					
			2000								

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All signatures must be hand written (wet) signatures.