TREASURER

ILLINOIS 4 – H CLUBS RECORD BOOK

Year

Club Name

Treasurer

Treasurer's Address

Phone

Illinois 4-H Club Annual Financial Statement

In order to re-enroll, a completed financial statement and fiscal review must be submitted to the county Extension Office and approved by the County Extension Director.

****PLEASE COMPLETE ALL SECTIONS****

This financial statement is for the period September 1, _____ through August 31,_____

4-H Club Name _____

County _____ Employer Identification Number (EIN) _____

Checking account balance at _____
(Name of Financial Institution)

Checking account number _____

1. Beginning Account Balance as of **September 1, ____** $_____

2. Income Source: **Income:**
   - A. Donations $_____
   - B. Fundraisers $_____
   - C. **Other / miscellaneous - itemize*** $_____
   - D. Total Income (add line A + B + C) $_____

***Itemization of Miscellaneous Income**

Required if Income listed in Other

3. Beginning Account Balance plus Total Income (add line 1 + 2D) $_____

4. Expense Categories: **Expenses:**
   - A. Meeting expenses / speaker fees $_____
   - B. Food / refreshments $_____
   - C. Project manuals / workshops $_____
   - D. 4-H Program fees $_____
   - E. Trips $_____
   - F. Awards / scholarships $_____
   - G. Community service activities $_____
   - H. Rental fees** $_____
   - I. Other / miscellaneous* $_____
   - J. Total Expenses (add lines A-I) $_____

Itemization of Miscellaneous expenses (Required):

5. Balance as of **August 31, _____** (subtract Total Expenses line 4(J) from line 3) $_____

6. Outstanding deposits
   (Subtract total of deposit amounts that have not appeared on bank statements) $_____
7. Outstanding checks
   (Add total of check amounts that have not appeared on bank statements) $_____

8. Adjusted Balance (should agree with end of year bank statement) $_____

**If a contract or agreement is required, the Extension Business Office will obtain the signature for the document on behalf of the 4-H club.

Illinois 4-H Club Annual Financial Statement

In order to re-enroll, a completed financial statement and fiscal review must be submitted to the county Extension Office and approved by the County Extension Director.

Savings account balance at _____
(Name of Financial Institution)

Savings account number _____

1. Beginning Account Balance as of **September 1**_____ $_____

2. Income Source:

	Income:
A. Donations	$_____
B. Fundraisers	$_____
C. **Other / miscellaneous - itemize***	$_____
D. Total Income (add line A+ B + C)	$_____

3. Beginning Account Balance plus Total Income (add line 1 + 2D) $_____

4. Expense Categories:

	Expenses:
A. Transfer to checking account	$_____
B. Other: _____	$_____
C. Other: _____	$_____
D. Other: _____	$_____
E. Total Expenses (add lines A - D)	$_____

5. Balance as of **August 31,** _____ (subtract Total Expenses line 4E from line 3) $_____

This certifies the above information is a correct statement of financial activity for this 4-H Club.

_____
(4-H Club Treasurer's signature) (Date)

_____
(4-H Club Leader's signature) (Date)

Fiscal Review: (**REQUIRED:** Fiscal Review Committee should include a combination of youth and adults without signatory rights on the account.)

We have examined the financial records including bank statements, checks written, copies of bills paid, itemized deposit slips, and receipts of this 4-H Club and find them in good order.

_____
(Fiscal Review Committee signature) (Date)

_____
(Fiscal Review Committee signature) (Date)

_____
(Fiscal Review Committee signature) (Date)

Record of Club Finances

Record all charges or credits that affect your account

Check Number	Date	Description of Transaction	Payment/Debit (-)	√	Deposit/Credit (+)	Balance
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*Include name of person receiving check and the reason for the payment OR for deposits, list the source of the deposits (person and reason)

Record of Club Finances

Record all charges or credits that affect your account

Check Number	Date	Description of Transaction	Payment/Debit (-)	√	Deposit/Credit (+)	Balance
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*Include name of person receiving check and the reason for the payment OR for deposits, list the source of the deposits (person and reason)

Illinois 4-H Club Inventory

List all items that belong to the 4-H club, whether purchased with club money or received as gifts. Place an asterisk (*) by items that were purchased or received as gifts this year. Include the name of the person or business that provided the gift. All club donations should be acknowledged in writing to the donor. A copy of the acknowledgement should be kept in the treasurer's records.

Quantity	Item
1	*Gavel, donated by Mary Jones Family*

4-H PLEDGE

I pledge my ***HEAD*** to clearer thinking;

my ***HEART*** to greater loyalty;

my ***HANDS*** to larger service;

and my ***HEALTH*** to better living

for my club, my community, my country, and my world.

4-H MOTTO

To Make The Best Better

Urbana-Champaign, Illinois

Revised 2020

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