



Club Name:				
Club Leader(s) Name:				
Treasurer's Name:				
Club Employer Identification Number (EIN):				
Bank Name:				
Bank Address:				
Names of persons authorized on any accounts to sign checks, deposit & withdraw funds:				

	Account number	Beginning Balance (January 1)	Ending Balance (December 31)
Checking Account		\$	\$
Savings Account		\$	\$
Total Funds		\$	\$

Use the categories below to record your financial activity.

INCOME		EXPENSES	
Fundraising	\$	Fundraising Expenses	\$
Member Dues	\$	Educational Supplies \$	
Donations	\$	Community Service Expenses \$	
Other (Identify)	\$	Recreation	\$
		Other (Identify)	
Total Income	\$	Total Expenses	\$



## **Annual Inventory Report**

ub/Group:		Date:			
Date Acquired	Item Description (include serial number)	Dollar Value	Storage Location	Disposal Dat (if applicable)	
We hereby ce	ertify that this is a correct	list of equipment,		pelonging to	
(Club/Group Pi	resident)		(Date)		
(Club/Group Tr	reasurer)		(Date)		
(4-H Club Lead	er)		(Date)		