

Maryland 4-H Youth Development

To Make the Best Better

University of Maryland Extension



****Due to: County/City 4-H Office November 15****

ANNUAL FINANCIAL SUMMARY REPORT

4-H Club/Authorized Group Name: _____

Period Covered: July 1, 201__ to June 30, 201__

Balance: July 1, 201__ \$ _____

Savings: \$ _____

Checking: \$ _____

CD (s): \$ _____

Other: \$ _____

Income: (Add income of 12 monthly reports) \$ _____

Total Income into categories below (Should equal total of categories on the left)
(If needed add more lines)

_____ \$ _____

_____ \$ _____

_____ \$ _____

Expenses: (Add expenses of 12 monthly reports) \$ _____

Total expenses into categories below (Should equal total of categories on the left)
(If needed add more lines)

_____ \$ _____

_____ \$ _____

_____ \$ _____

Balance: June 30, 201__ \$ _____

Savings: \$ _____
Checking: \$ _____
CD (s): \$ _____
Other: \$ _____

Audited by: Signatures of two 4-H Members and two Adults required.

Member Signature

Adult Signature

Member Signature

Adult Signature

Date: _____

Date: _____

NOTE: Audit Committee cannot be related to each other or the treasurer.

4-H Office Use Only

Received by: _____ Date: _____

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