

TREASURERILLINOIS 4 – H CLUBSRECORD BOOK

Year

Club Name

Treasurer

Treasurer's Address

Phone

Illinois 4-H Club Annual Financial Statement

must be submitted to the county Extension Office and approved by the County Extension Director. **PLEASE COMPLETE ALL SECTIONS**

ounty _	Employer Ic	lentification Numbe	er (EIN)	
hecking	g account balance at			
	(Name and L	location of Financial Ins	titution)	
Checking	g account number			
1. I	Beginning Account Balance as of September 1,		\$	
2. 1	Income Source:	Income:	*Itemiz	zation of Miscellaneous Income
	A. Donations	\$		
	B. Fundraisers	\$		
	C. Other / miscellaneous - itemize*	\$		
	D. Total Income (add line A + B + C)	\$	Requir —_	ed if Income listed in Other
3. I	Beginning Account Balance plus Total Income (ad	d line 1 + 2D)	\$	<u> </u>
4. I	Expense Categories:	Expenses:		Itemization of Miscellaneou
	A. Meeting expenses / speaker fees	\$		expenses (Required):
	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)	\$		
5. I	Balance as of August 31, (subtract Total Ex	penses line 4(J) from	n line 3)	<u>\$</u>
(Outstanding deposits (Subtract total of deposit amounts that have not app Outstanding checks	beared on bank states	ments) \$	5
	(Add total of check amounts that have not appeared	l on bank statements	\$) \$	S
8. 4	Adjusted Balance (should agree with end of year ba	ank 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.



Savings accou	Int balance at(Name and Loca	tion of Financial Institution)	
Savings a	account number		
1.	Beginning Account Balance as of Septemb	er 1	\$
2. Incom	ne Source:	Income:	
А	. Donations	\$	
В	. Fundraisers	\$	
С	. Other / miscellaneous - itemize*	\$	
D	. Total Income (add line A+ B + C)	\$	
3. Begin	ning Account Balance plus Total Income (add line $1 + 2D$)	\$
4. Exper	nse Categories:	Expenses:	
А	. Transfer to checking account	\$	
В	. Other:	\$	
С	. Other:	\$	
D	. Other:	\$	
E	. Total Expenses (add lines A - D)	\$	
5. Balan	ce as of August 31, (subtract Total]	Expenses line 4E from lir	e 3) <u>\$</u>
This certifies	the above information is a correct stater	nent of financial activity	y for this 4-H Club.
(4-H Club Treas	urer's signature)		(Date)
(4-H Club Leade	er's signature)		(Date)
Fiscal Revie	ew: (REQUIRED: Fiscal Review Committee shou	ld include a combination of yo	uth and adults without signatory rights on
	mined the financial records including bank and receipts of this 4-H Club and find then		n, copies of bills paid, itemized
(Fiscal Review C	Committee signature)		(Date)
(Fiscal Review C	committee signature)		(Date)
(Fiscal Review C	Committee signature)		(Date)



Illinois Extension UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

COLLEGE OF AGRICULTURAL, CONSUMER & ENVIRONMENTAL SCIENCES University of Illinois | U.S. Department of Agriculture | Local Extension Councils Cooperating University of Illinois Extension provides equal opportunities in programs and employment.

This fina	**For Clubs that only have one account			
	Name			
	r Identification Number			
	Location of Financial Institution			
	ng Account Balance as of September 1, _			\$
	Source:	Income:	*Itemization of Miscellaneous Income	
	Donations	\$		
	Fundraisers	\$	-	
C.			-	
	Total Income (add line A + B +C)	\$	_ Required if Income listed in Other	A
•	ng Account Balance plus Total Income (a			\$
Expense	e Categories	Expenses:	*Itemization of Miscellaneous Expenses	
Α.	Meeting expenses/speaker fees	\$	-	
В.	Food/refreshments	\$	-	
C.	Project manuals/workshops	\$	-	
D.	4-H Program Fees	\$	-	
Ε.	Trips	\$	-	
F.	Awards/Scholarships	\$	-	
G.	Community service activities	\$	-	
Н.	Rental Fees**	\$	-	
١.	Other/Miscellaneous* - itemizations	\$	-	
J.	Total Expenses (add lines A-I)	\$	 Required if Expense listed in Other 	
Balance	e as of August 31, 20 (subtract expense	se line 4J from line 3)	\$
Outstar	nding Deposits (subtract total of deposit	amounts that have r	ot appeared on bank statements)	\$
Outstar	nding Checks (Add total of check amount	s that have not appe	ared on bank statements)	\$
Adjuste	d Balance (should agree with the end-of	-vear bank statemer	it)	\$
	s the above information is a correct state			
-				

(Fiscal Review Committee Signature)	(Date)	
**If a contract or agreement is rec	juired, the Extension busines	s office will obtain the signature for the document on behalf of the 4-H clu

Illinois Extension

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University of Illinois Extension provides equal opportunities in programs and employment.

For a Club to be re-enrolled, a complete Extension Office before September 30t	ed annual financia h of each new Ext	cial Statement—Saving al statement and fiscal review must be sul ension year and approved by the County	omitted to the County Extension Director.
For Clubs that only have one account	t type complete th	ne appropriate form—ALL SECTIONS MUS	ST BE COMPLETED
This financial statement is for the period Septeml	ber 1,throug	h August 31,	
4-H Club Name		County	
Employer Identification Number		Savings account number	
Name & Location of Financial Institution			
1. Beginning Account Balance as of September 1, _			\$
2. Income Source:	Income:	*Itemization of Miscellaneous Income	
A. Donations	\$	_ []	
B. Fundraisers	\$		
C. Other/miscellaneous—itemizations*	\$		
D. Total Income (add line A + B +C)	\$	Required if Income listed in Other	
3. Beginning Account Balance plus Total Income (a	dd line 1 + 2D)		\$
3. Expense Categories	Expenses:		
A. Transfer to checking account	\$	*Itemization of Miscellaneous Expenses	
B. Other:	\$		
C. Other:	\$		
D. Other:	\$		
E. Total Expenses (add lines A-D)	\$		
		Required if Expense listed in Other	
5. Balance as of August 31, 2023 (subtract expense	line 4E from line	3)	\$
This certifies the above information is a correct state	ement of financial	activity for this 4-H Club.	
(4-H Club Treasurer's signature) (Date))	(4-H Club Leader's Signature)	(Date)
FISCAL REVIEW (<i>REQUIRED</i> : Committee should inclu We have examined the financial records including ba on 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	2)		





Record of Club Finances

Record all charges or credits that affect your account

Check Number	Date	Description of Transaction	Payment/Debit (-)	\checkmark	Deposit/Credit (+)	Balance

*Include name of person receiving check and the reason for the payment OR for deposits, list the source of the deposits (person and reason)



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Check Number	Date	Description of Transaction	Payment/Debit (-)	\checkmark	Deposit/Credit (+)	Balance

*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

8/2023

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