Erie County 4H Program
Financial Statement for Year _____

Club Name: _____

Leader Name: _____

Beginning Balance (as of October 1) $_____

Income for the Year:

Dues paid by members $_____

Fundraisers (list each)

_____ $_____

_____ $_____

_____ $_____

TOTAL INCOME **$**_____

Expenses for the Year:

Activity & Program Expenses $_____

Fundraising Expenses $_____

Other $_____

TOTAL EXPENSES **$**_____

TOTAL CASH ON HAND AT END OF YEAR (September 30) $_____
Please submit copy of bank statement and/or copy of treasurers book

Signed by club treasurer: _____

Date: _____

(Do Not Write In box)

The financial statement has been received and reviewed. The following action(s) have been authorized.

- ❑ Approval to carry over balance into new year.
- ❑ Club/group must transfer funds to the extension association.

_____ _____
Associate Director of Operations Date