

**TEXAS 4-H YOUTH DEVELOPMENT PROGRAM  
ANNUAL CLUB/GROUP FINANCIAL REPORT  
Review Of Year: 2016-2017**



All chartered 4-H clubs/group under the Texas 4-H Youth Development Program must undergo a complete annual financial review to continue being chartered and recognized as an official 4-H club/group. This form should be completed and submitted to the County Extension Office during the chartering process. Because the form is due during the chartering process, the annual review should be based on the past twelve-months at time of review. Members of the review team should be adults knowledgeable of basic bookkeeping/banking skills and NOT be affiliated with the club/group or county extension office.

Name of 4-H Club/Group:  Club/Group EIN:

Account #1	Account #2
Select Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	Select Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other
Financial Institution: _____	Financial Institution: _____
Signers on account: (from two different families) _____	Signers on account: (from two different families) _____
Financial Review Account #1	Financial Review Account #2
Beginning Balance:\$ _____	Beginning Balance:\$ _____
Total Income(add):\$ _____	Total Income(add):\$ _____
Total Expenses(subtract):\$ _____	Total Expenses(subtract):\$ _____
Ending Balance(total):\$ _____	Ending Balance(total):\$ _____

**List any expenses without receipts and/or any receipts that raise questions/concerns. (Include additional pages if needed)**

Date	Check #/Debit Card Entry	Payee	Expense (List Item)	Reason/Concern

**Other Comments or Suggestions For Improvement**

\_\_\_\_\_

\_\_\_\_\_

**Financial Review Certification**

We, the undersigned, have examined the financial records of the above named club/group and found them to be:

<b>Must Check One</b>	<input type="checkbox"/>	In order.
	<input type="checkbox"/>	Not in order.
	<input type="checkbox"/>	In order, but in need of better organization or record keeping.

**Reviewers cannot be associated with this club or any Extension Office. (the club manager cannot be a reviewer)**

Reviewer's Printed Name	Occupation or Title	Signature	Review Date
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

**Extension Agent Review & Certification – Must submit form online with signature below.**

*I, the undersigned, Extension Agent have reviewed this financial review of the above mentioned 4-H club/group and certify that all concerns, recommendations, or approval has been addressed and is acting in sound financial practices to continue being chartered as part of Texas 4-H.*

Printed Name	Title	Signature	Date
_____	_____	_____	_____

**DO NOT SUBMIT THIS FORM ONLINE WITHOUT 3 REVIEWERS AND AGENT INFORMATION/SIGNATURES**

