

**Dutchess 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 treasurer's book

Signed by club treasurer: _____ Date: _____

Box Below for Office Use Only

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

CCE Executive Director Date _____

CCE Finance Administrator Date _____