

# TEXAS 4-H ANNUAL CLUB/GROUP FINANCIAL REVIEW

## Review Of Year: 2020-2021



All 4-H clubs or groups with a bank account under the Texas 4-H Inc 501c3 umbrella, must complete an annual financial review in order to maintain their charter status. This form should be completed and submitted to the County Extension Office during the chartering process. This annual review should be based on the past twelve-months at time of review because of the chartering timeline. 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.

Club Name:	EIN:
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### ACCOUNT INFORMATION

BANK ACCOUNT #1	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	Bank Name:
	Signers On Account:	Balance at the time of Review: \$
BANK ACCOUNT #2	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	Bank Name:
	Signers On Account:	Balance at the time of Review: \$
BANK ACCOUNT #3	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	Bank Name:
	Signers On Account:	Balance at the time of Review: \$

*The signers on the account(s) above must be from two different families.*

Is there a debit card associated with this club/group? <input type="checkbox"/> NO If yes, who has possession of it? _____ <input type="checkbox"/> YES	List Online Payment Systems (i.e. PayPal, Eventbrite, Bloom, etc.) being used and the email address associated with them:
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### FINANCIAL REVIEW

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

Comments or Suggestions for Improvement:

### CERTIFICATION

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

- Select One:**  IN ORDER  
 NOT IN ORDER  
 IN ORDER, BUT IN NEED OF BETTER ORGANIZATION OR RECORD KEEPING.

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

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

### EXTENSION AGENT REVIEW & CERTIFICATION

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

Printed Name	Title	Signature	Date

**ALL SIGNATURES ARE REQUIRED IN ALL SECTIONS BEFORE SUBMITTING ONLINE**