Sullivan County 4-H Program
Financial Statement Reporting for Year 2026-2027

Club Name: _____

Name of Leader(s): _____

Beginning Balance (as of October 1, 2026) $_____

Income for the Year:

Dues paid by members $_____

Fundraisers (list each)

_____ $_____

_____ $_____

_____ $_____

TOTAL INCOME **$**_____

Expenses for the Year:

Activities & Program Expenses $_____

Fundraising Expenses $_____

Other $_____

TOTAL EXPENSES $_____

TOTAL CASH ON HAND AT END OF YEAR (SEPTEMBER 30, 2026) $_____

Sign by club treasurer: _____ **Date:** _____

_____ **CHECK HERE IF YOUR CLUB HAS MORE THAN $100 IN ITS ACCOUNT AND FILL OUT THE TABLE ON REVERSE**

(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

Club Budget for October 1, 2026 – September 30, 2027

DATE	DESCRIPTION	EXPENSE
	TOTAL	$

Signatures:

Club Leader: _____

Club President: _____

Club Treasurer: _____