



## New Jersey 4-H CLUB TREASURY ANNUAL REVIEW



*All 4-H club treasuries must be reviewed annually. This review is to be conducted by a committee made up of at least two individuals NOT affiliated with your club. Return this completed review form to the county 4-H office no later than **March 1**.*

4-H Club Name \_\_\_\_\_ Year \_\_\_\_\_

Account Information:    Checking account        Savings account   

EIN \_\_\_\_\_

Name of Bank \_\_\_\_\_

<u>ANNUAL FINANCIAL REVIEW</u>	<u>Amount</u>
Balance on hand, beginning of year.....	\$ _____
Total income for year.....(add)	\$ _____
Total expenses for year.....(subtract)	\$ _____
Balance on hand, end of year.....(total)	\$ _____

### CHECKLIST FOR REVIEWER

- \_\_\_\_\_ Monthly Financial Reports are completed.
- \_\_\_\_\_ All income is properly recorded.
- \_\_\_\_\_ All expenses are properly recorded.
- \_\_\_\_\_ Bank statements were reviewed.
- \_\_\_\_\_ Bank checkbook ledger is reconciled.

List any expenses without receipts and/or receipts that raise questions

Date	Check #	Payee	Expense (list item)	Reason/concern
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

-continued-

Other Comments:

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I have examined the financial records of the above named club and have found them to be:

\_\_\_\_\_ In order

\_\_\_\_\_ In order, but in need of better organization or record keeping

\_\_\_\_\_ Not in order

Suggestions for improvement: \_\_\_\_\_

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Date review was conducted: \_\_\_\_\_

Reviewer's Name \_\_\_\_\_ Signature \_\_\_\_\_

Reviewer's Name \_\_\_\_\_ Signature \_\_\_\_\_

Treasurer's Name \_\_\_\_\_ Signature \_\_\_\_\_

\*Leader's Name \_\_\_\_\_ Signature \_\_\_\_\_

Revised 12/2011

