



New Jersey

4-H CLUB ANNUAL FINANCIAL PLAN



Name of 4-H Club _____ Financial Plan for the Year _____

All 4-H Clubs with treasuries should complete and submit this form to the Cumberland County 4-H office by **October 1st** each year. Treasurer should keep a copy.

STATUS OF TREASURY

Account Information: Checking account Savings account

EIN _____

Name of Bank _____

List names of required signers

1. _____

2. _____

Balance On Hand \$ _____ as of (date) _____

PLANNED INCOME

Item (be specific: dues, type of fundraisers, etc.)	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Anticipated Income.....	\$ _____

-continued-

PLANNED EXPENSES - plans for use of funds

Item (be specific, such as educational materials, equipment, educational field trips, speakers, shows, supplies/fees for county or state events, community service, other)

	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Anticipated Expenses.....	\$ _____

FINANCIAL PLAN SUMMARY

	Amount
Starting Balance.....	\$ _____
Total Anticipated Income.....(add)	\$ _____
Total Anticipated Expenses.....(subtract)	\$ _____
Proposed End of Year Balance.....	\$ _____

Approved by Club _____ (name of club) _____ (date)

Treasurer's Name _____ Signature _____

Leader's Name _____ Signature _____

<p style="text-align: center;">FOR OFFICE USE ONLY:</p> <p>Date Received: _____ Initials: _____</p> <p>Comments: _____</p>

Revised 12/2011