



# ONTARIO COUNTY 4-H PROGRAM

## 4-H Club Audit Report

Report Period (dates) _____ to _____
Date of Audit _____

Club Name \_\_\_\_\_

Treasurer \_\_\_\_\_ Adult Leader \_\_\_\_\_

### Auditors' statement:

We certify that we have compared the treasurer's record book, cash and bank account records and find them to be in agreement.

The beginning balance was: \_\_\_\_\_ The ending balance is: \_\_\_\_\_

Adjustments made were: (Explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Audit Committee:

Name (Print)

Signature

_____	_____
_____	_____
_____	_____

*Please submit to the 4-H Office by October 15 to cover the previous 4-H year or the period that the named Treasurer was in office. Attach a 4-H Club Financial Statement for the same period.*

*Ontario County 4-H Program  
480 North Main Street  
Canandaigua, NY 14424*