Name of club or county group ______________________________________________________

Every checking and savings account with the 4-H or Extension name must require two (2) signatures to transact finances. It is suggested to have at least one (1) adult with three (3) or four (4) people on the signature card and the signatures must not be members of the same family.

Each committee of three (3) to five (5) adults will need to examine and approve the treasury books. Family members of individuals on the signature card may not serve as an examiner.

<table>
<thead>
<tr>
<th>Checking or Savings Account Number</th>
<th>Bank Name</th>
<th>Beginning Balance October 1</th>
<th>Ending Balance September 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please list your organization’s employer identification number ______________________________

The names on the signature cards are:

________________________________________________________________________________
________________________________________________________________________________

List at least five major expenses of your club or group:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

List all major incomes of your club or group:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

List any expenses or income that looks unusual:

________________________________________________________________________________

I have examined the treasury records of the club and believe all expenses and incomes to be accurate. Examiners signature:

Name (Please Print) | Signature | Date |
---------------------|-----------|------|
_____________________|___________|_______|
_____________________|___________|_______|
_____________________|___________|_______|

Agents Signature _________________________________ Date ______________________

Approved by the Douglas County Extension Board
Board Chair’s Signature ____________________________________________________________