

# COUNTY EXTENSION SUPPORT FUND REPORT

Name of fund (checking account): \_\_\_\_\_

Bank: \_\_\_\_\_ Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Employer Tax ID Number: \_\_\_\_\_

Person(s) Authorized to Sign Checks: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Number of Signatures Required on Checks: \_\_\_\_\_ Number of checks Issued This Year \_\_\_\_\_

Opening Balance (January 1, 20\_\_): \$\_\_\_\_\_ / Closing Balance This Date: \$\_\_\_\_\_

Are any funds currently invested and not reported in above balance? \_\_\_ YES \_\_\_ NO

If YES, name of institution where invested, type of investment and amount invested:

<u>Name of Institution</u>	<u>Type of Investment</u>	<u>Amount</u>

Is an annual budget developed for expenditure of these funds? \_\_\_ YES \_\_\_ NO

Can funds be expended over and above those budgeted? \_\_\_ YES \_\_\_ NO

Attach a copy of the latest bank statement/investment summary, Employer Tax Identification Number Notification from the IRS, current year's budget, and current investment policy (if any).

**STATEMENT OF REVIEW:**

We, the undersigned club or organization audit committee, have examined the financial records related to this fund and find no obvious errors or omissions, nor do we find obvious evidence of mismanagement except as may be noted in the attached statements.

	DATE		DATE
	DATE		DATE

*(Please duplicate this form as needed)*