

# EHC Annual Financial Report

FCS-736



Club Name \_\_\_\_\_  
 District \_\_\_\_\_  
 County \_\_\_\_\_  
 EIN# \_\_\_\_\_

July 1st \_\_\_\_\_ to June 30th \_\_\_\_\_

Date	Description	Amount Received	Amount Debited	Account Balance

**DUE AUGUST 1<sup>ST</sup>**  
 Submit to: AEHC Office  
 2301 South University Ave  
 Little Rock, AR 72204  
 Phone: 501-671-2000  
 Email: ehc@uada.edu