EHC Annual Financial Report

FCS-736

Club Name _____ **July 1st** _____ **to June 30th** _____

District _____

County _____

EIN# _____

Date	Description	Amount Received	Amount Debited	Account Balance

Step 1. All club and county council forms are turned in to your county Extension Office.

Step 2. DUE AUGUST 1ST
Submit to: AEHC Office
2301 South University Ave
Litle Rock, AR 72204
Phone: 501-671-2000
Email: ehc@uada.edu

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