



**Arkansas Extension Homemakers Council/Club
Peer Review of
Group Financial Records: Report**

County _____ July 1 through June 30 _____

Council/Club Name _____

- | | |
|---|--|
| <input type="checkbox"/> Group budget and any addendums | <input type="checkbox"/> Canceled checks and deposit slips |
| <input type="checkbox"/> Treasurer's ledger reports | <input type="checkbox"/> Receipts for all income |
| <input type="checkbox"/> Bank Statements | <input type="checkbox"/> Bills for all expenses |
| <input type="checkbox"/> Year-end Financial Report | <input type="checkbox"/> Inventory Records |
| <input type="checkbox"/> Group Cash Handling Procedures | |

The Review Committee found the following conditions:

The Review Committee makes the following recommendations:

This certifies that the Review Committee has reviewed the recordkeeping and financial balances and finds them:

- | | |
|--|---|
| <input type="checkbox"/> In order; | <input type="checkbox"/> Verifies there is no club checking |
| <input type="checkbox"/> In order upon implementation of recommendation; | account |
| <input type="checkbox"/> Requiring further review and action. | |

Signatures of Review Committee

Printed Name

Address

City

Signatures of Review Committee

Printed Name

Address

City



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County _____ July 1 through June 30 _____

Council/Club Name _____

Checking Account Number _____

Bank Name _____

Bank Address _____

IRS EIN # _____ Audit Date _____

Check here if club does NOT have a bank account

Persons Authorized to Sign on Checking Account:

Name _____ Address _____

Name _____ Address _____

Bank Records Are in the Possession of:

Name _____ Address _____

Note: Attach copy of the year-end bank or report statement. Send pages 1 & 2 to:

Step 1. All club and county council forms are turned into your County Extension Office

Step 2. County Extension Office compiles and sends ALL forms plus membership dues to LRSO:
AEHC Admin
2301 S. University Ave.
Little Rock, AR 72204
ehc@uada.edu 501-671-2000