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| **PEER REVIEW OF GROUP FINANCIAL RECORDS: COVER SHEET** | | | | | | | | | | | | | | | | | |
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| Master Gardener  4-H | | | | | | | | | | | | | | | | |  |
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| County | |  | | | |  | | Jan 1 | |  | | | - | | Dec 31 |  |  |
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|  | |  | | | |  | | Jul 1 | |  | | | - | | Jun 30 |  |  |
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|  | |  | | | |  | | Oct 1 | |  | | | - | | Sep 30 |  |  |
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| Checking Account Number: | | | | |  | | | | | | |  | | | | |  |
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| Bank | |  | | | | | Address | |  | | | | | | | |  |
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| IRS Tax ID# (form SS-4) | | | |  | | | | | Audit Date | | | | |  | | |  |
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| Persons Authourized to sign on checking account: | | | | | | | | | | | | | | | | |  |
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| Bank records are in the possession of: | | | | | | | | | | | | | | | | |  |
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| NOTE: | Attach copy of the year-end bank statement. | | | | | | | | | | | | | | | |  |
|  |  | |  | | | | | | | |  | | | | | |  |
|  | Send to: | | Office of CFO | | | | | | | | Complete within 90 days after financial year end and provide copy to County Extension Office. | | | | | |  |
|  |  | | UACES | | | | | | | |  | | | | | |  |
|  |  | | 2301 South University Ave | | | | | | | |  | | | | | |  |
|  |  | | Little Rock, AR 72204 | | | | | | | |  | | | | | |  |