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| **Name of 4-H Unit or VMO Treasurer** | **Date Checking Account Statement Received** | **Date Savings Account Statement Received** | **Date Statement Sent to Treasurer** | **Date Statement Reviewed, Initialed and Filed by UCCE 4-H YDP Staff** | **Date County Director Notified of Any Discrepancy** | **Comments** |
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Person Completing the Form

Name (Please Print) Signature Date

4-H YDP Staff

Name (Please Print) Signature Date

County Director

Name (Please Print) Signature Date

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