# Check Request

(Club Name)

**4-H PAYMENT REQUEST FORM**

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Date: Person Submitting Request: Contact Phone Number:

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Amount Payable: Memo (to appear on check stub):

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Make check payable to: Payee’s address: Payee’s city/state/zip:

**SPECIAL INSTRUCTIONS**

If not mailing direct, return to:

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| *\*Attach copies of bills, invoices, receipts, and/or vouchers.* |

Event/Project Associated With: Explanation of Expenditure\*:

Signature of Person Requesting Payment or Reimbursement . Date

Signature of Club Treasurer Date

Signature of Club Manager . Date