Check/Payment Request Form
_____4-H Club

Today's Date:_____

Receipts, invoices and/or other supporting documentation must be attached.

Date of Expenditure	Item(s)	Place of Purchase	Amount

Explanation/Justification of Expense:
Make check payable to:
If it needs to be mailed please provide address:

Certification: The expenses listed above were incurred in connection with authorized 4-H club work and were not otherwise reimbursed to me.

Signature;_____ Date: _____

For Treasurer Use Only

Date Paid:	Check #	Amount: