

ORANGE COUNTY 4-H ASSOCIATION CLUB CHECK REQUEST FORM



Date of Request: ___/___/___ Club Name: _____

Type of Request: Purchase Order Reimbursement
 Transfer to 4-H Association Payment

AMOUNT: \$ _____

CHECK PAYABLE TO: _____

ADDRESS: _____

DELIVERY OPTIONS: MAIL HOLD AT 4-H OFFICE for PICK UP

PURPOSE OF CHECK: _____

INCLUDE COPY OF CLUB MINUTES APPROVING EXPENSE, IF APPLICABLE

CLUB TREASURER SIGNATURE

DATE

CLUB LEADER SIGNATURE

DATE

FOR OFFICE USE ONLY

Date Rec'd at 4-H Office: _____

Agent Signature: _____

Club Available Balance: _____

CED Signature: _____