

Requisition for 4-H Club Funds

Requested By: _____

Club Name: _____

Date: _____

Payable to: _____

For: _____

Amount Requested* _____

Paid via: (circle one)

Personal check or cash (for reimbursement)

Brevard County 4-H Association Debit Card (paid directly from funds)

Brevard County 4-H Association Check (paid directly from funds)

Project Approval Signature: Gayle Whitworth-New, Brevard County 4-H Agent

County Director Approval Signature: Elizabeth Shephard

*Receipt must be received within 30 days for reimbursement.