



Citrus County 4-H Association  
**Requisition for Funds**

Date of Request: \_\_\_\_\_ 4-H Club: \_\_\_\_\_

Purpose of Expense: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Itemized Expenses	Amount	Itemized Expenses	Amount
Attach Receipts to Request			Total

Indicate type of request:  
 \_\_\_\_\_ Advance Payment      \_\_\_\_\_ Direct Vendor Payment      \_\_\_\_\_ Reimbursement

Funds needed by Date: \_\_\_\_\_  
 Make Check Payable to (vendor or person): \_\_\_\_\_  
 Include address if check to be mailed: \_\_\_\_\_

Signatures: 4-H Club Leader: \_\_\_\_\_  
 4-H Club Treasurer: \_\_\_\_\_

Submit this request form to the 4-H Office by mail, email, or delivery.  
 3650 W Sovereign Path, Ste #1, Lecanto, FL 34461, mlward@ufl.edu

Office use only

Date: \_\_\_\_\_

Check # \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Payable To: \_\_\_\_\_

Completed by: \_\_\_\_\_