

# Martin County 4-H Association - Funds Management Form

## Request for Reimbursement or Funds from:

**Club Account:** \_\_\_\_\_

Date: \_\_\_\_\_ Amount Requested: \_\_\_\_\_ Check #: \_\_\_\_\_

Receipt attached:  Yes - required  No – authorization required Date receipt rec'd: \_\_\_\_\_

Payable to: \_\_\_\_\_

Requested by: \_\_\_\_\_

Club Leader: \_\_\_\_\_

Authorized by: \_\_\_\_\_

Description of expense: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Deposit of Funds to:

**Club Account:** \_\_\_\_\_

**4-H Association General Program Funds – UF 182 ACCOUNT**

Date: \_\_\_\_\_ Amount to Deposit: \_\_\_\_\_

**Cash Receipts attached:**  Yes – required  No – authorization required **Rec'd in office by:** \_\_\_\_\_

**Donation**  Yes  No from: \_\_\_\_\_

Requested by/deposit received from: \_\_\_\_\_

Description of funds deposited: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cash – Amount: \_\_\_\_\_  Check # (s): \_\_\_\_\_

\_\_\_\_\_