

4-H Club Check Request Form

Club Name: _____

Requestor: _____

Amount Needed: \$ _____

Date Needed by: _____

I will be purchasing/need reimbursement for: _____

The Check should be made out to: _____

The Check should be mailed to or picked up by (name & mailing address):



Office use:



Funds to be taken from line item in checking account: _____

Check # _____

Check Date _____

Approved by: _____
4-H Agent

Approved by: _____
C.E.D.

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