



**Check/Reimbursement Request**

**4-H Club/General Account:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Check payable to:** \_\_\_\_\_

\_\_\_\_\_ Pick up in office      Authorized release to: \_\_\_\_\_

\_\_\_\_\_ Mail Out

**Mail check to:**

Amount: \$ \_\_\_\_\_

**Purpose of check:**

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**4-H Office use**

**Check #** \_\_\_\_\_ **Category:** \_\_\_\_\_

**Treasurer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved by 4-H Agent:** \_\_\_\_\_

**Approved by CED:** \_\_\_\_\_

*\*Remember to turn in receipt within 30 days of completed transaction.*



*“The Foundation for the Gator Nation” An Equal Opportunity Institution*

**Volusia County 4-H Association.**