



**CLUB**



**Check/Reimbursement Request**

\_\_\_\_\_  
4-H Club

\_\_\_\_\_  
Date

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

\_\_\_\_\_ Pick Up

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

Mail check to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Purpose of check:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Treasurer Signature

\_\_\_\_\_  
Date

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

For \_\_\_\_\_ County 4-H Association Use Only:

\_\_\_\_\_  
Agent Approved

\_\_\_\_\_  
Date

Date Check Written: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check #: \_\_\_\_\_

Category: \_\_\_\_\_



*"The Foundation for the Gator Nation" An Equal Opportunity Institution*

\_\_\_\_\_  
County 4-H Association (Rev 5/14)