



IOWA STATE UNIVERSITY
Extension and Outreach

For office use:
**Date
Received**

4-H Club Funds Request

Invoice Reimbursement Staff Order Online (Purchase) Staff In-Store Purchase

4-H Club Name: _____

Club Account Number: 5719-8-000-_____

Payee Name:	_____
Address:	_____
City, State, Zip:	_____
<input type="checkbox"/> Mail Check <input type="checkbox"/> Pick Up Check in Office	

Vendor (Name on invoice or receipt)

Vendor (Name on invoice or receipt)	Item(s) Description/Link	Club Purpose	Amount

Please attach all receipts/invoice

- Minutes of the _____ monthly club meeting reflects approval of this request.
- This is within the approved budget.

Club Treasurer's Signature _____

Club Leader Signature _____

County Staff Signature _____