

Hamilton County 4-H Fund Request Form

Request Number: _____

Club Name: _____

Date: _____

Pay to the order of:

DOLLARS

\$

Address for reimbursement check to be sent: _____

City, State, Zip: _____

Mail to address/Vendor above Check will be picked up at the Extension Office Other: **Please Coordinate with Office Staff**

Expense was a Budgeted Expense *Please list which budget the funds will come out of:* _____

Expense was not included in the Budget: Need Minutes Approving the Purchase _____

Memo:

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Treasurer Signature: _____

Club Leader Signature: _____

Club Leader Signature (if needed): _____

Do not forget to include the receipts or invoices. Request submitted without receipts or invoices and at least two signatures will not be accepted.