

## Hamilton County 4-H Charge Card Check Out Request

Store Card Requested (check):     Hy-Vee                       Fareway

Club Name: \_\_\_\_\_

Date: \_\_\_\_\_

Purchaser Name: \_\_\_\_\_

**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**

Brief Description and Estimated Total of Purchase: \_\_\_\_\_

For Office Use:

Date/Time Card Checked Out:

Date/Time Card Returned:

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

Purchaser Signature: \_\_\_\_\_

Club Leader Signature (if needed): \_\_\_\_\_

***Note: Card and receipt must be turned back into the Hamilton County Extension Office within 24 hours of check out, unless previous arrangements have been made.***



**IOWA STATE UNIVERSITY**  
Extension and Outreach