



**IOWA STATE UNIVERSITY**  
Extension and Outreach

For office  
use only:  
**Voucher  
Number**

**4-H Club Voucher Request**

*\* One voucher per payee*

**Date:**

4-H Club Name: \_\_\_\_\_

Club Account Number: \_\_\_\_\_

Payee Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\_\_\_\_\_

Vendor (Name on invoice  
or receipt)

Vendor (Name on invoice or receipt)	Item(s) Description	Club Purpose	Amount
<b>Please attach all receipts or an invoice</b>			<b>0</b>

Club Treasurer's Signature \_\_\_\_\_

Club Leader Signature \_\_\_\_\_