

4-H CLUB FINANCE CLAIM

ISU Polk County Agricultural Extension District Telephone: 515.957.5760

S: Forms/Finance (Created 10/2018)

EXPENSE

CHECK REQUEST

OTHER _____

PAY: _____

Please provide payee address if this is a check request or reimbursement

Receipts are required

Address: _____

Your Name: _____

Club Name: _____

Club Address: _____

Phone: _____

E-Mail: _____

Program Account Number: 5712-0-8-000-_____-2

<u>Items Purchased (brief description)</u>	<u>Amount</u>
	Total \$ _____

2 Signatures Required (unrelated individuals)

Club Leader Authorization: _____ Date: _____

4-H Club Treasurer Authorization: _____ Date: _____

Club Co-Leader OR

Clover Kids Parent/Guardian Authorization: _____ Date: _____

Return this form with proper documentation via:

E-Mail polk4hclubs@iastate.edu

or

Fax 515.967.6164

or

U.S. Mail to:

ISU Polk County Extension

Attn: 4-H Club Finance Program

1625 Adventureland Drive, Suite A

Altoona, IA 50009

Internal Use Only

Authorization to Pay: _____ Date: _____