



IOWA STATE UNIVERSITY
Extension and Outreach

For office
use only:
**Voucher
Number**

4-H Club Voucher Request

** One voucher per payee*

4-H Club Name: _____

Club Account Number: _____

Payee Name: _____

Address: _____

City, State, Zip: _____

Vendor (Name on invoice
or receipt)

Item(s) Description

Club Purpose

Amount

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

Please attach all receipts or an invoice

0

Minutes of the _____ monthly club meeting reflects approval of this request.

Club Treasurer's Signature _____

Club Leader Signature _____