



Shasta County 4-H Council

CHECK REQUEST FORM



Please mark appropriate box. I am applying for ☐ Reimbursement ☐ Request for Funds ☐ Fundraising Efforts

NAME _____ DATE _____

CLUB NAME _____

ADDRESS _____

AMOUNT OF CHECK: _____ Date Check Needed By: _____

MAKE CHECK PAYABLE TO: _____

DISBURSEMENT

- ☐ Pick up at _____ (month) Council Meeting
- ☐ Send to address below

SEND CHECK TO: _____

(Please complete the following)

1. Briefly describe what the check is for (memo on check) and total cost of activity.

2. What benefit does the county council receive from this activity? (please be concise)

Supporting documentation (i.e., receipts*, minutes*, deposit statement) must be attached!

Email: ecparadis@ucanr.edu

Mail:

UCCE Shasta County 4-H Office
Attn: Erin Paradis
1851 Hartnell Ave
Redding, CA 96002

Fax: 530-224-4904

Internal use only: Date _____

Check # _____ Class _____ Account _____