## **CENTRAL SIERRA 4-H MANAGEMENT ORGANIZATIONS**



**CONTACT NAME:** 

## **PAYMENT REQUEST**

This form must be completed and submitted to the County 4-H Office for review by the Treasurer/Financial Director.

Please Note: Any funds charged to accounts held by the County4-H Unit must be pre-approved by the County 4-H Treasurer/Financial Director. A purchase order number will be issued and must be used or no payment will be made. Any finance charges or late fees will be deducted from the account's funds.

4-H CLUB, PROJECT, or COMMITTEE:

EMAIL:	ACCOUNT TO CHARGE:	
TELEPHONE:	Has a purchase order been approved for this purchase?	
	YES, P.O.#	NO
Please include the invo	oice with this request form.	
VENDOR/MERCHANT NAME:		
DATE OF TRANSACTION:		
AMOUNT OF TRANSACTION:		
DESCRIPTION OF ITEMS PURCHASED:		
PURPOSE:		
AUTHORIZED LEADER SIGNATURE:		
		(date)
NUMBER OF PAGES INCLUDING THIS FORM	1:	
TREASURER/FINANCIAL DIRECTOR USE:		