

ALAMEDA COUNTY 4-H CLUB COUNCIL CHECK REQUEST

Payee:	For Treasurer Use Check No. <input type="text"/> Date of Issue: <input type="text"/> Amount of Check: <input type="text"/> Budgeted Account(s):
Address:	
Date Requested:	
Requested Amount:	

Event or Activity:

Date	Description	Amount
TOTAL		\$ <input type="text"/>

Please attach **ORIGINAL** receipts for all expenses (**No reimbursement without a receipt or a completed Missing Receipt Form 8.10**).

SEND TO:
 4-H YDP, ANR UCCE - Alameda County
 224 W. Winton Ave., Room 134
 Hayward, CA 94544
 ATTENTION: Alameda County 4-H Club Council Treasurer

SUBMITTED BY (print name)	Signature	Date
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Approved By:

EXECUTIVE BOARD APPROVAL (print name)	Signature	Date
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