**      4-H Club**

# Check Request Form

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| Payee Name: |       |  | Check No. |  |
| Address: |       |  | Date of Issue: |       |
|  |       |  | Amount of Check: |       |
| Date Requested: |       |  |  |  |
| Requested Amount: |       |  | Club Community Leader Initials |  |

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| Budgeted Categories: |       |
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| **Date** | **Description** | **Amount** |
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|  | TOTAL  | $ 0.00 |

Please attach **ORIGINAL** receipts for all expenses. ***(No reimbursement without a receipt.)***

|  |  |
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| Approved by: |  |

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| Page |    | of |    |

 *Signature(s)*

*Check Request Form.doc*