

# Santa Barbara County 4-H Management Board

## Request for Disbursement

Date Requested: \_\_\_\_\_

Payee: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Budget Account:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Requester

\_\_\_\_\_  
Approval Signature of Key Leader/Event Chair

The amount requested must be within the approved budget amount. Use one form per budget account request. Submit requests no more than 30 days after the event. Please attach ORIGINAL receipts for all expenses. (No reimbursement without a receipt)

Date	Description	Amount
<b>Total</b>		

Treasurer Approval    Date: \_\_\_\_\_

Budget account to be charged: \_\_\_\_\_    Check Number: \_\_\_\_\_

—  
Signature of Treasurer: \_\_\_\_\_

Initials of Check Signers \_\_\_\_\_