



University of California
Agriculture and Natural Resources
4-H Youth Development Program

Funds Request/ Deposit Form

Santa Cruz County

Account (Circle One) Council or Leadership or Club

Date: _____ Requested By: _____ Phone/email: _____

Select One:

Reimbursement Request – Requester has spent own money – requesting repayment

Check Request for Expense – Invoice/bill that need to be paid – include invoice or bill

Request for Leadership funds from individual leadership account - Used for 4-H conference, 4-H project, educational events or college

Deposit – checks

Cash Deposit – Requires two signatures by adults and person excepting cash

Signed by: _____ **Print Name:** _____

Signed by: _____ **Printed Name:** _____

Person accepting cash signature: _____ **Print Name:** _____

For reimbursement check, check request or leadership funds check request, fill out the following:

Make Check payable to: _____ Club: _____

Address: _____

Event or Purpose? _____ Date of Event: _____

Receipt Attached? Yes _____ No _____ Invoice or receipt number _____

BREAKDOWN OF ITEMS RO REIMURSED:

Name or Item Description	Amount
Total	\$

Complete form, attach original receipts and return to Council Treasurer or 4-H County Office:

4-H Office, 1430 Freedom Blvd, Ste. E, Watsonville, CA 95076

Second Signature approval: _____ **Print Name:** _____ **Date:** _____

Non Approval for Second Signature: Print Name _____ **Date:** _____

Reason for non-approval of check request: