4-H EXPENSE FORM

				10	9	00	7	6	5	4	ω	N	_										
** At least TWO different names for Check Payable To, Expense Form Submitted By and Signature of PDC Officer or Office Staff if General Fund.	**4	**Signature of PDC/Co												Description of Expense (Please match to budget line item: Awards, Educational, Travel, Enrollment, Bookkeeper, Clerical Program Fees, Section Council Dues)	Expense has been approved:	Expense is to be paid from:		Invoice Number / Customer #:	City		Mailing Address	Name	MAKE CHECK PAYABLE TO:
k Payable To, Expense Form Submitt	**4-H Office Staff Approval	**Signature of PDC/Council Officer OR Office Staff if General Fund												lease match to budget line ite	Budget	General Fund							то:
ed By and Signature of PDC Office		ral Fund												m: Awards, Educational, Tr	Vote at meeting	PDC		A					
er or Office Staff if General Fund.	Date:	Date											THE THE PARTY AND A DESCRIPTION OF THE PARTY AND A DESCRIPTION	avel, Enrollment, Bookkeel	Other:	Other:		ACTIVITY: Name:	State Zi				
For 4-1	***************************************	05							and an electric device when it is not an electric contraction of the contract		AND THE RESIDENCE AND THE PROPERTY OF THE PROP			-			Please limit expenses to one activty or event per expense page.		Zip Code	Phone #	Date	Name	SUBN
For 4-H Office Use	The second second	Ventura County												plies, Refreshr			it per expense page.			#		Annabas de la constitución de la	SUBMITTED BY:
Copied to Bookkeeper Copied to PDC (if applicable)	Check Number		TOTAL REQUESTED											All-Star, Supplies, Refreshments/Meals, Training Materials,	Α			Date:					
	Date PAID		4	69	⇔	⇔	⇔	()	()	()	()	€9 1	()	Total	Attach all reciepts.								