

4-H EXPENSE FORM

MAKE CHECK PAYABLE TO:

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Invoice Number / Customer #: _____

Please limit expenses to one activity or event per expense page.

ACTIVITY: Name: _____ Date: _____

Expense is to be paid from: General Fund PDC Other: _____

Expense has been approved: Budget Vote at meeting Other: _____

Attach all receipts.

SUBMITTED BY:

Name _____

Date _____

Phone # _____

Description of Expense (Please match to budget line item: Awards, Educational, Travel, Enrollment, Bookkeeper, Clerical, All-Star, Supplies, Refreshments/Meals, Training Materials, Program Fees, Section Council Dues...)

#	Description	Total
1		\$ -
2		\$ -
3		\$ -
4		\$ -
5		\$ -
6		\$ -
7		\$ -
8		\$ -
9		\$ -
10		\$ -
TOTAL REQUESTED		\$ -

**Signature of PDC/Council Officer OR Office Staff if General Fund

Date: _____

**4-H Office Staff Approval

Date: _____

** At least TWO different names for Check Payable To, Expense Form Submitted By and Signature of PDC Officer or Office Staff if General Fund.



Check Number _____

Date PAID _____

For 4-H Office Use Copied to Bookkeeper _____
 Copied to PDC (if applicable) _____