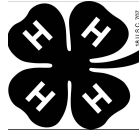


Ventura County 4-H Expense Form 23-24



Please initial: _____ I acknowledge that the 4-H office has 3-5 business days to process and send request to Treasurer Director.
 Treasurer Director has 7 business days to update person making the request.

MAKE CHECK PAYABLE TO:

SUBMITTED BY:

Name: _____ Name: _____
 Mailing address: _____ Date: _____
 _____ Phone Number: _____
 _____ City _____ State _____ Zip Code _____

Activity: _____ Date: _____
Please limit expenses to one activity or even per expense page

Attach all Receipts.

Description of Expense

(Please match to budget line item: Awards, Educational, Travel, Enrollment, Bookkeeper, Clerical, All-Star, Supplies, Refreshments/meals, Training Materials, Program Fees)

Total

1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
		Total Requested

For 4-H Office Use:

Expense has been approved: Budget Other: _____
 Expense to be paid from: General Fund PDC Other: _____
 Invoice Number/Customer #: _____
 Copied to Treasurer Director: _____ Check Number _____
 Copied to PDC (if applicable): _____ Date PAID _____

Signature of PDC officer or Office Staff if General Fund _____ Date: _____
 4-H Office Staff Approval _____ Date: _____

*At least TWO different names for Check Payable, Submitted by, and Signature of PDC Officer/Office staff.