

Sutter-Yuba Counties 4-H Council

~ Check Request Form ~

DATE: _____

REQUESTED BY (Make Check payable to): _____

AMOUNT REQUESTED: _____
Please use exact amount

PURPOSE:

Reimbursement

Pay a Bill

Other: _____

FOR: _____
Please use similar description as in Council meeting minutes.

APPROVED BY COMMITTEE ON: _____
Please note at which meeting the item was approved.

TREASURER &/or OFFICE USE ONLY

CHECK ISSUED BY: _____

DATE: _____

RECEIVED BY: _____
Print Name

SIGN: _____
Signature

DATE: _____

Please include the ORIGINAL receipt or bill with the check request form. If the check is for a donation, the item MUST have been approved at a council meeting and recorded in the minutes or the check request cannot be processed.