

# CHECK REQUEST FORM

## Sutter-Yuba Counties 4-H Council

DATE: \_\_\_\_\_

REQUESTED BY (Make Check payable to): \_\_\_\_\_

AMOUNT REQUESTED: \_\_\_\_\_

*Please use exact amount*

**PURPOSE:**

Reimbursement       Pay a bill       Other: \_\_\_\_\_

FOR: \_\_\_\_\_

*Use similar description as in Council meeting minutes or Sub Account Budget.*

**SUBACCOUNT TO CHARGE**—Required (Please check the appropriate box):

Equine Advisory       SET       Camp       Camp Scholarship  
 Military Partnership       Spring Fair       Fashion Revue       Agnes Puckett Fund  
 Mary Staas Memorial       Alfred Garcia Fund       Disbanded Club       FOCUS Participants  
 Insurance       Council General Account       Other: \_\_\_\_\_

APPROVED BY COUNCIL ON: \_\_\_\_\_

Please note at which meeting the item was approved if applicable

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.