ALAMEDA COUNTY 4-H CLUB COUNCIL CHECK REQUEST

Payee:	**For Treasurer Use**
Address:	Check No.
	Date of Issue:
Date Requested:	Amount of Check:
Requested Amount:	Budgeted Account(s):
Event or Activity:	

Date	Description	Amount
	TOTAL	$

Please attach **ORIGINAL** receipts for all expenses **(No reimbursement without a receipt or a completed Missing Receipt Form 8.10).**

SEND TO:
4-H YDP, ANR UCCE - Alameda County
224 W. Winton Ave., Room 134
Hayward, CA 94544
ATTENTION: Alameda County 4-H Club Council Treasurer

SUBMITTED BY (print name) _____ Signature _____ Date _____

Approved By:

EXECUTIVE BOARD APPROVAL (print name) _____ Signature _____ Date _____