



Shasta County 4-H
CHECK REQUEST FORM



Please mark appropriate box. I am applying for Reimbursement Request for Funds Fundraising Efforts

LEADER NAME _____ DATE _____

CLUB NAME _____

ADDRESS _____

AMOUNT OF CHECK: _____

CHECK MADE PAYABLE TO: _____

Include supporting documentation such as receipts, minutes of club meeting, copy of club budget, deposit statement. Payment cannot be made without documentation.

DISBURSEMENT – (check requests are to be submitted by the 5th and 20th of each month and will be processed and mailed on the 10th and 25th of each month).

Pick up at _____ (month) Council Meeting

Send to address below

CHECK SENT TO: _____

(Please complete the following)

1. Briefly describe what the check is for (memo on check) and total cost of activity.

2. What benefit is derived from this activity?

Mail or Fax to: include supporting documentation.

Shasta County 4-H Office
UCCE - Attn: Nate Caeton
1851 Hartnell Ave
Redding, CA 96002
Fax – 530.224.4904

<i>For 4-H Office Staff and Council Treasurer use only:</i> Date _____		
Check # _____	Class _____	Account _____
Approved by: _____	Disapproved by: _____	Issued by: _____