

CHECK REQUEST

All monies requested from 4H LEADERS COUNCIL, must be accompanied by the following information along with the supporting receipts.
Send within 15 days of purchase to

CAROL CROSSETT, 4-H leader council Treasurer
4131 Krolop Road, Castro Valley, CA 94546
cvcrossett@aol.com

PURPOSE OF FUNDS: _____

AMOUNT REQUESTED: _____ DATE OF REQUEST: _____

RECEIPTS ATTACHED : yes _____ If NO, Please explain? _____

MAKE CHECK PAYABLE TO: _____

ADDRESS: _____

PAYMENT REQUESTED BY: _____

Print Name

Signature

If these funds were in support of a County event, Please give a guestimate regarding the following present at this event"

Attendees: #of youth _____ # of adults _____

Gender: (percentage) Female _____ Male _____

Ethnicity (percentage)

White _____ % Black _____ % Hispanic _____ %

Asian _____ % American Indian _____ % Unknown _____ %

Executive Board Approval by: _____

Paid by check # _____

Date: _____