

4-H Request for Check Issuance

Clay County 4-H Clubs Foundation, Inc.
Post Office Box 278 (2463 SR 16 W)
Green Cove Springs, FL 32043-0278
Phone: (904) 284-6355, (904) 269-6355
Fax: (904) 529-9776
E-mail: clay4h@ifas.ufl.edu



DATE: _____
TO: Foundation Representative
FROM: _____

Please issue a check for this amount \$ _____ for the following purpose:

Make check payable to: _____
Charge check to account: _____

With this request, a receipt for purchase, invoice or copy of minutes authorizing expenditure is to be submitted.

Receipt, invoice or minutes submitted: Yes

Mail check to **OR** Check picked up by:
Name: _____
Address: _____

Received by: _____	Date received: _____
Submitted by: _____ Name of Club Leader, Volunteer, or Agent	
<u>FOR OFFICE USE ONLY</u>	
Account balance \$ _____	
Approved By: _____ 4-H Agent	
_____ County Extension Director	
Date check was written: _____	Check #: _____
Date recorded in computer: _____	Entered by: _____
Date check mailed: _____	Check mailed by: _____
OR Date Picked Up: _____	Picked up by: _____