



YORKVILLE 4-H  
CHECK REQUEST



NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

AMOUNT OF CHECK: \_\_\_\_\_

CHECK MADE PAYABLE TO: \_\_\_\_\_

DATE NEEDED BY: \_\_\_\_\_

DISBURSMENT

- Pick up at \_\_\_\_\_ (month) General Meeting
- Send to address below

CHECK SENT TO: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Please complete the following)

1. What Category does the check fall into within the Yorkville 4H Budget  
*(see categories on reverse side of form)*

\_\_\_\_\_  
\_\_\_\_\_

2. Briefly describe what the check is for (memo on check)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Is it included in the current years' budget

\_\_\_ Yes \_\_\_ No \_\_\_ Not sure

A copy of a receipt MUST be attached to this request!

Send to:

Yorkville 4-H Treasurer  
P.O. Box 302  
Union Grove, WI 53182

Internal use only:
Date _____
Check # _____