



Osceola County 4-H Association
4-H Check Request



Date Requested _____ Approved By _____

4-H Club/Group Making Request: _____

4-H Club/Group Representative Making Request: _____

Make check payable to: Person/Business Name _____

Address: _____

City, State, Zip _____

Check Amount _____ Date Needed: _____

Category _____ Class _____
Ex. (Awards/Recognition, Community Service, Field Trip, Supplies) (Club Name)

Reason for check _____



Date check written _____ Check number _____

Written by _____



(Attach receipt, invoice, registration list, etc.)

Date used _____

Amount _____

Distribution _____

(Delivered to above, mailed, picked up by)

Signature if picked up: _____

Saved: U:\4-H\4-H Forms\FUNDRAISER\2013 (032113)