

## San Benito County 4-H Youth Development Program

## 4-H Council Check Request Form

4-H Youth Development Program

Make Check Payable To:		
Name:		
Address:		
Phone:	Fax:	
Date:	Amount Requested:	
Description of items:		
Invoice or Receipt Number:		
Requeste	d By: Date:	
To be completed by 4-H Council Treasurer:		
Date rece	eived: Date Paid:	
Check N	umber: Budget Category:	
Council Approval Date (if not a budgeted item)		
Treasurer Signature		

## Complete form, attach original receipts and return to:

San Benito County 4-H Council UC Cooperative Extension Office 3228 Southside Rd Hollister, California

The University of California Division of Agriculture & Natural Resources (ANR) prohibits discrimination or harassment of any person in any of its programs or activities (Complete nondiscrimination policy statement can be found at http://ucanr.org/sites/anrstaff/files/107778.doc)

Inquiries regarding ANR's equal employment opportunity policies may be directed to Linda Marie Manton, Affirmative Action Contact, University of California, Davis, Agriculture and Natural Resources, 2801 Second Street, Davis, CA 95618, (530) 752-0495.