ALAMEDA COUNTY 4-H CLUB COUNCIL CHECK REQUEST

Payee:	For Treasurer Use	
Address:	Check No.	
	Date of Issue:	
Date Requested:	Amount of Check:	
Requested Amount:	Budgeted Account(s):	
Event or Activity:		
Date Description		Amount
		7 in our
Discounting of Opioinal acceptation of		TOTAL \$
Please attach ORIGINAL receipts for all expense completed Missing Receipt Form 8.10).	es (no reimbursement v	vitnout a receipt or a
SEND TO: 4-H YDP, ANR UCCE - Alameda County 224 W. Winton Ave., Room 134 Hayward, CA 94544 ATTENTION: Alameda County 4-H Club Counci	l Treasurer	
7.1 1 ENTITION. Mainleda County 7-11 Oldb Count	. 110000101	
SUBMITTED BY (print name)	Signature	Date
Approved By:		
EXECUTIVE BOARD APPROVAL (print name)	Signature	Date