

Carthage 4-H CLUB

4-H PAYMENT REQUEST FORM

Date: _____

Person Submitting Request: _____

Contact Phone Number: _____

Amount Payable: _____

Memo (to appear on check stub): _____

Make check payable to: _____

Payee's address: _____

Payee's city/state/zip: _____

SPECIAL INSTRUCTIONS

If not mailing direct, return to: _____

Event/Project Associated With: _____

Explanation of Expenditure*: _____

**Attach copies of bills, invoices, receipts, and/or vouchers.*

Signature of Person Requesting Payment or Reimbursement

Date

Signature of Club Treasurer

Date

Signature of Club Manager

Date

Beckville 4-H CLUB

4-H PAYMENT REQUEST FORM

Date: _____

Person Submitting Request: _____

Contact Phone Number: _____

Amount Payable: _____

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Payee's address: _____

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Signature of Person Requesting Payment or Reimbursement _____
Date

Signature of Club Treasurer _____
Date

Signature of Club Manager _____
Date

Gary 4-H CLUB

4-H PAYMENT REQUEST FORM

Date: _____

Person Submitting Request: _____

Contact Phone Number: _____

Amount Payable: _____

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Payee's address: _____

Payee's city/state/zip: _____

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Signature of Club Treasurer

Date

Signature of Club Manager

Date

Shooting Sports 4-H CLUB

4-H PAYMENT REQUEST FORM

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Contact Phone Number: _____
Amount Payable: _____
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Payee's address: _____
Payee's city/state/zip: _____

SPECIAL INSTRUCTIONS

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Event/Project Associated With: _____
Explanation of Expenditure*: _____
**Attach copies of bills, invoices, receipts, and/or vouchers.*

Signature of Person Requesting Payment or Reimbursement

Date

Signature of Club Treasurer

Date

Signature of Club Manager

Date

Still Waters 4-H CLUB

4-H PAYMENT REQUEST FORM

Date: _____

Person Submitting Request: _____

Contact Phone Number: _____

Amount Payable: _____

Memo (to appear on check stub): _____

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Payee's address: _____

Payee's city/state/zip: _____

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Event/Project Associated With: _____

Explanation of Expenditure*:

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Signature of Person Requesting Payment or Reimbursement

Date

Signature of Club Treasurer

Date

Signature of Club Manager

Date

Panola Homeschoolers 4-H CLUB

P.O. Box 82
Carthage, TX 75633

4-H PAYMENT REQUEST FORM

Date: _____

Person Submitting Request: _____

Contact Phone Number: _____

Amount Payable: _____

Memo (to appear on check stub): _____

Make check payable to: _____

Payee's address: _____

Payee's city/state/zip: _____

SPECIAL INSTRUCTIONS

If not mailing direct, return to: _____

Event/Project Associated With: _____

Explanation of Expenditure*: _____

**Attach copies of bills, invoices, receipts, and/or vouchers.*

Signature of Person Requesting Payment or Reimbursement Date

Signature of Club Treasurer Date

Signature of Club Manager Date

Panola Adult Leader Parent Association

4-H PAYMENT REQUEST FORM

Date: _____

Person Submitting Request: _____

Contact Phone Number: _____

Amount Payable: _____

Memo (to appear on check stub): _____

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Payee's address: _____

Payee's city/state/zip: _____

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Date

Signature of Club Treasurer

Date

Signature of Club Manager

Date