## Cascade County 4-H Expenditure Form

Today's Date:

Expense Informat	tion			
Туре		Date Check Needed Please select one.		Check Delivery Method Please select one.
Please select one.				
Debit Card		Next run of checks		Mail to Address below
Invoice will be coming		By date:		Will pick up in person
Invoice attached	b			
Reimbursement	:			
Contract				
Payee Informatio Payable to:	n			
Address to mail ch	eck, if applicable:			
Bookkeeping Info	ormation			
Please select one				
Foundation	Leaders Council	Horse Leaders	Livestock Leaders	Shooting Sports Leaders
Expense Approva Please select one.	l Details			
• • • •	ed Expense Item ved Expense Item ate:			

## Total Amount Requested: \$

Event/Activity	Description

## **Approval Information**

Requested by:

Signature:

Approved by:

Signature:

Note: Checks must go through an approval and signature process. Due to this, the check will be mailed approximately one week after the date the bookkeeper writes it. All checks require two signatures. Approval is required by an officer of the entity of which the expenditure is written. If an officer makes the request, a second approval or documented approval by committee vote is required.

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