CHECK REQUEST

Club Name:_______________________

Issue check payable to:

____

Address to which check should be sent:

____

____

____

Amount: $____________

Purpose of check:

____

____

____

____   __________________________________

4-H Club Treasurer   Date

*Remember to turn in receipt within 30 days of completed transaction.

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For Seminole County 4-H Association Use Only:

Date Check Written: _____/_____/_______   Date Mailed: _____/_____/_______   Check #:______

Category: _______
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