Payment Approval Form4-H Club		Payment Approval Form4-H Club		
Date of Bill:Check No		Date of Bill:	Check No	
Pay to:		Pay to:		
(copy of bill/receipt must be attached)		(copy of bill/receipt must be attached)		
Items Purchased Project	Amount	Items Purchased	Project	Amount
Four Signatures Required		Four Signatures Requ	uired	
	Date		D	ate:
(4-H Member)	Date	(4-H Member)		ate
	Date:		Da	ate:
(4-H Member)		(4-H Member)		
(4-H Member)	Date:	(4-H Member)	Da	ate:
(4-H Leader)	Date:	(4-H Leader)	Da	ate:
(4-H Leader)	Date:	(4-H Leader)	Da	ate: