Payment Approval Form
___________________ 4-H Club

Date of Bill:___________ Check No._________
Pay to: ______________________________________
(copy of bill/receipt must be attached)

Items Purchased | Project | Amount

Four Signatures Required

________________________ Date:____________
(4-H Member)
________________________ Date:____________
(4-H Member)
________________________ Date:____________
(4-H Member)
________________________ Date:____________
(4-H Leader)
________________________ Date:____________
(4-H Leader)

Payment Approval Form
___________________ 4-H Club

Date of Bill:___________ Check No._________
Pay to: ______________________________________
(copy of bill/receipt must be attached)

Items Purchased | Project | Amount

Four Signatures Required

________________________ Date:____________
(4-H Member)
________________________ Date:____________
(4-H Member)
________________________ Date:____________
(4-H Member)
________________________ Date:____________
(4-H Member)
________________________ Date:____________
(4-H Leader)
________________________ Date:____________
(4-H Leader)