

Payment Approval Form

_____ 4-H Club

Date of Bill: _____ Check No. _____

Pay to: _____
(copy of bill/receipt must be attached)

Items Purchased	Project	Amount
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Four Signatures Required

_____ Date: _____
(4-H Member)

_____ Date: _____
(4-H Member)

_____ Date: _____
(4-H Member)

_____ Date: _____
(4-H Leader)

_____ Date: _____
(4-H Leader)

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