

**2009-2010**  
**ARIZONA 4-H YOUTH FOUNDATION**  
*Check Request*

F B

DATE REQUEST  
 ORIGINALLY FAXED: \_\_\_\_\_

**INCLUDE ORIGINAL OF THIS FORM AND 1 COPY, RECEIPT ORIGINAL(S) AND 1 COPY WHEN MAILED**

**\* PLEASE NOTE THAT CHECK REQUESTS ARE NORMALLY PROCESSED ONCE A WEEK (ON THURSDAY) AND MAILED THE NEXT DAY; IF CHECK IS NEEDED EARLIER PLEASE INDICATE IN DATE NEEDED BOX**

1	CHECK PAYABLE TO: _____ Amount \$ _____ ADDRESS: _____ FOR: _____ <u>CHARGE TO:</u> Account# _____ Title: _____ Amount \$ _____ Account# _____ Title: _____ Amount \$ _____	Date Needed
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MAIL CHECK TO PAYEE \_\_\_\_\_ RETURN CHECK TO REQUESTOR \_\_\_\_\_

Check # Issued \_\_\_\_\_ Date of Issue \_\_\_\_\_

2	CHECK PAYABLE TO: _____ Amount \$ _____ ADDRESS: _____ FOR: _____ <u>CHARGE TO:</u> Account# _____ Title: _____ Amount \$ _____ Account# _____ Title: _____ Amount \$ _____	Date Needed
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MAIL CHECK TO PAYEE \_\_\_\_\_ RETURN CHECK TO REQUESTOR \_\_\_\_\_

Check # Issued \_\_\_\_\_ Date of Issue \_\_\_\_\_

3	CHECK PAYABLE TO: _____ Amount \$ _____ ADDRESS: _____ FOR: _____ <u>CHARGE TO:</u> Account# _____ Title: _____ Amount \$ _____ Account# _____ Title: _____ Amount \$ _____	Date Needed
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MAIL CHECK TO PAYEE \_\_\_\_\_ RETURN CHECK TO REQUESTOR \_\_\_\_\_

Check # Issued \_\_\_\_\_ Date of Issue \_\_\_\_\_

4	CHECK PAYABLE TO: _____ Amount \$ _____ ADDRESS: _____ FOR: _____ <u>CHARGE TO:</u> Account# _____ Title: _____ Amount \$ _____ Account# _____ Title: _____ Amount \$ _____	Date Needed
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MAIL CHECK TO PAYEE \_\_\_\_\_ RETURN CHECK TO REQUESTOR \_\_\_\_\_

Check # Issued \_\_\_\_\_ Date of Issue \_\_\_\_\_

REQUESTED BY: Peggy Beaston COUNTY DIRECTOR: \_\_\_\_\_  
 TITLE: Associate Accountant (OR STATE PROGRAM COORDINATOR OR DESIGNEE)  
 DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

**TO BE COMPLETED BY ARIZONA 4-H YOUTH FOUNDATION**

APPROVED BY: \_\_\_\_\_ BANK #: \_\_\_\_\_  
 TITLE: President  
 DATE: \_\_\_\_\_