

2007-2008
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: _____	COUNTY DIRECTOR: _____
TITLE: _____	(OR STATE PROGRAM COORDINATOR OR DESIGNEE)
DATE: _____	DATE: _____

TO BE COMPLETED BY ARIZONA 4-H YOUTH FOUNDATION

APPROVED BY: _____ BANK #: _____

TITLE: President

DATE: _____