MENDOCINO COUNTY 4-H COUNCIL
Reimbursement Voucher

Date: _____

Club: _____

Event or Activity: _____

Pay to: _____

Address: _____ Phone #: _____

_____

ITEM	PURPOSE	AMOUNT
	TOTAL AMOUNT	$

RECEIPTS Attached? Yes _____ No _____

Approved for payment: _____

Date Paid: _____

Check #: _____

Amount: _____

Account: _____

Check Delivery:

Mailed: _____
Date

Picked up: _____
Signature