

**MENDOCINO COUNTY 4-H COUNCIL
ADVANCE PAYMENT VOUCHER**

Date Submitted: _____

Club/Person: _____

Event/Activity: _____

Purpose: _____

Amount: _____

Pay to: _____ Phone #: _____

Mailing Address: _____

Check #: _____

Date Paid: _____

Account: _____

Approved to pay: _____

Check Delivery: Mailed (date): _____

Picked up: _____

Signature

For Cash Advances:

By signing above I acknowledge that the funds I am receiving are my responsibility. Receipts must be supplied to the 4-H Office showing how funds were expended. It is the sole responsibility of the signer to make sure the money is spent as planned, receipts are kept, and left over funds are returned to the 4-H Office. If the event is canceled, the complete cash advance must be returned to the 4-H Office. _____ (initials)