

**MENDOCINO COUNTY 4-H COUNCIL  
CHECK REQUEST VOUCHER**

Date: \_\_\_\_\_

Payee Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of check: \_\_\_\_\_

Form completed by: Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Club \_\_\_\_\_

Authorization signature: \_\_\_\_\_

Check #: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Account: \_\_\_\_\_