**ARIZONA 4-H YOUTH FOUNDATION**

*Check Request*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Check payable to: | | | |  | | | | | | Amount | | |  |  |
|  | Address: | |  | | | | | | | | | | | |  |
|  | City: |  | | | | | | ST: | |  | | Zip: | |  |  |
|  | For: |  | | | | | | | | | | | | |  |
|  |  |  | | | | | | | Event Date: | | | |  | |  |
|  | Charge to: | | |  | | | | | | | | | | |  |
|  | Account # | | |  | Title: |  | | | | | Amount | | |  |  |
|  | Account # | | |  | Title: |  | | | | | Amount | | |  |  |
|  |  | | |  |  |  | | | | |  | | |  |  |
|  | *Mail Check to Payee:* | | | | |  | *Mail Check to Requestor:* | | | |  | |  | |  |
|  |  | | | | | | | | | | | | | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2. | Check payable to: | | | |  | | | | | | Amount | | |  |  |
|  | Address: | |  | | | | | | | | | | | |  |
|  | City: |  | | | | | | ST: | |  | | Zip: | |  |  |
|  | For: |  | | | | | | | | | | | | |  |
|  |  |  | | | | | | | Event Date: | | | |  | |  |
|  | Charge to: | | |  | | | | | | | | | | |  |
|  | Account # | | |  | Title: |  | | | | | Amount | | |  |  |
|  | Account # | | |  | Title: |  | | | | | Amount | | |  |  |
|  |  | | |  |  |  | | | | |  | | |  |  |
|  | *Mail Check to Payee:* | | | | |  | *Mail Check to Requestor:* | | | |  | |  | |  |
|  |  | | | | | | | | | | | | | |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Requestor: |  |  | County Director: |  | |  |
| Title: |  |  | (or State Program Coordinator or Designee) | | | |
| Phone: |  | Date: | |  |  | |
|  |  |  |  | | | |