

# Financial Transaction Request



Date Paid:

Check Number:

From Checking     From Money Market

\_\_\_\_\_ County 4-H Group Income and Expense Form

Address:

Phone:                      Fax:

Date Submitted:

Vendor:                      Invoice:

Address:

Phone:

Category/Project Area:                      Subcategory/project account:

Check payable to (if different than vendor – please explain):

Address:

Quantity	Description	Deposit	Expense
<i>Attach the original receipt or invoice to this voucher</i>			
<b>TOTAL:</b>			

\_\_\_\_\_  
(Signature of person submitting form)

\_\_\_\_\_  
(4-H Coordinator/Extension Staff)

\_\_\_\_\_  
(Treasurer's Signature)

\_\_\_\_\_  
(Co-signer of check)