**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:* |  |  |  |
|  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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:* |  |  |  |
|  |  |  |

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