

SANTA BARBARA COUNTY 4-H

**REQUEST FOR DISBURSEMENT**

(MUST BE WITHIN APPROVED BUDGET AMOUNT)

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

PAYEE: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

<b>PLEASE USE <u>ONE</u> REQUEST FORM FOR <u>OR</u> ACCOUNT. <u>ONE</u> CHECK SHOULD BE ISSUED FOR <u>EACH</u> REQUEST FORM.</b>		
<b>REASON FOR REIMBURSEMENT</b>		<b>Amount</b>
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____
6.	_____	\$ _____
7.	_____	\$ _____
8.	_____	\$ _____
9.		
10.		
<b>TOTAL:</b>		<b>\$</b>

**\*\*CHECK WILL BE ISSUED AFTER VERIFYING ACCOUNT BALANCE.**

SIGNATURE OF REQUESTER: X \_\_\_\_\_

SIGNATURE OF VMO TREASURER: X \_\_\_\_\_

DATE CHECK ISSUED: \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_

CHARGE TO ACCT: \_\_\_\_\_

**RECEIPTS MUST BE ATTACHED!**