



Georgia Association of Extension 4-H Youth Development Professionals *Check Request Form*

Adopted by Board of Directors – March 2017

TO BE COMPLETED BY PERSON REQUESTING CHECK	
Requested By:	
Requested Date:	
Signature:	
Amount:	
Proof of Expenditures Attached?	<input type="checkbox"/> YES <input type="checkbox"/> No
Payable To:	
Address:	
Description of Payment:	
Additional Notes:	

TO BE COMPLETED BY PRESIDENT or PRESIDENT-ELECT	
Signature:	
Date:	

TO BE COMPLETED BY TREASURER	
Signature:	
Date Processed:	
Additional Notes:	