Georgia Association of Extension 4-H Youth Development Professionals

Check Request Form

Adopted by Board of Directors – August 2025

TO BE COMPLETED BY PERSON REQUESTING CHECK	
Requested By:	
Requested Date:	
Signature:	
Amount:	
Proof of Expenditures Attached?	☐ YES ☐ NO
Sign-In/Registration Sheet	☐ YES ☐ NO ☐ N/A Date Expected: _____
Payable To: (must match name on invoice/receipt)	
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:	