



# Texas 4-H Youth Development Foundation

P.O. Box 11020  
College Station, Texas 77842-1020

Ref # \_\_\_\_\_

## CEA PAYMENT REQUEST FORM

*Revised: September 2017*

Date:

Person Submitting Request:

Contact Phone Number:

County:

Amount Payable:

Memo (to appear on check stub):

Make check payable to:

Payee's address:

Payee's city/state/zip:

### **SPECIAL INSTRUCTIONS**

If not mailing direct, return to:

Event Name/Expense Detail:

Explanation of Expenditure\*:  
(For internal use only)

*\*Attach copies of bills, invoices, receipts, and/or vouchers. (If copies are not available, a signed affidavit of cost and justification will be required).*

\_\_\_\_\_  
Signature of Department Manager, verifies adequate and proper use of funds.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Foundation Executive Director, verifies compliance with contracts/agreements.

\_\_\_\_\_  
Date