



Texas 4-H Youth Development Foundation

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

Ref # _____

PROGRAM PAYMENT REQUEST FORM

Revised: September 2017

Date: _____

Person Submitting Request: _____

Contact Phone Number: _____

Department: _____

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 State 4-H Program Leader, verifies compliance with contracts/agreements.

Date