Texas 4-H Youth Development Foundation
P.O. Box 11020
College Station, Texas 77842-1020

PAYMENT REQUEST FORM

Revised: August 2026

Date:	
Person Submitting Request:	
Contact Email:	
Department (4-H Faculty Only):	
County (CEA Only):	
Amount Payable:	
Memo (to appear on check stub):	
Make check payable to:	
Payee's address:	
Payee's city/state/zip:	
Payee's Email:	

If the vendor would prefer ACH (payment direct deposit within 3 business days) fill out below:

Bank Account Number:	
Bank Routing Number:	
Zip Code Associated with Account:	

Detailed description of this request:	
List any special instructions here:	

**Copies of bills, invoices, receipts, and/or vouchers related to this request are required to be attached. If a copy of a receipt or invoice cannot be provided, you must include a signed affidavit of expenditure.*
**For all professional/contract service payment, please make sure to include the signed professional services contract, a signed W9 from the vendor, and any supporting documents such as an invoice.*

Signature of Department/County Manager, verifies adequate and proper use of funds. Date