**SKAMANIA COUNTY 4-H LEADER’S COUNCIL**

**FUNDS REQUEST FORM**

Date:

Amount Requested:

Requested By:

Requested For:

From Account: Livestock Horse Kitchen General

Reimbursement To:

Check #: Receipts Enclosed: Yes No

Approved: Full Partial Amount

Reason for Denial:

Signature: Title:

Signature: Title: