

Gallatin County 4-H Unlimited Leaders Council Accounts Authorization Form

Check: _____
Date: _____

Payee Name: _____

Address: _____

Project/Event Account or Budget Line Item: _____

City State Zip: _____

Leader: _____ Phone: _____

Date	Amount	Description of Expense

TOTAL: \$ _____

Please complete the following:

Complete the Authorization Form.

Receipts MUST be the original receipt.

Attach receipt to this Authorization Form.

Original Authorization Forms & receipts need to be turned into the 4-H Office within 60 days.

Gallatin County 4-H

903 North Black

Bozeman, MT 59715

(406)-582-3280

Authorized Leader's signature: _____ Date _____