



# Washington County 4-H Leaders Association Income/Expense Form

**DUE BY  
20<sup>TH</sup> OF  
THE  
MONTH**

Account Number \_\_\_\_\_ Name of Account \_\_\_\_\_

\*The account number should include an "E" after it for an expense or an "I" after it for an income. If not you are not using the correct account number\*

Submitted by: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Describe income or expense (need more room write on back):

## Deposits:

☐ Income Deposit Amount: \_\_\_\_\_  
For deposits no further details needed

## Expenses:

☐ Expense Reimbursement Amount: \_\_\_\_\_

If expense, please attach receipts and include who payment is payable to. All check requests must include the name and phone number of the recipient or the check cannot be processed. Please ensure that the reimbursement amount does not include tax. Personal and 4-H expenses need to be on separate receipts.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

## APPROVAL FOR EXPENSES

\_\_\_\_\_  
(print name)

### For Treasurer's Use Only

Initialed \_\_\_\_\_

Date \_\_\_\_\_

☐ Signed \_\_\_\_\_

☐ Attached approval in lieu of signature

Date \_\_\_\_\_

Approved 8-19-2025



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Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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