

# 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.

Gallatin County 4-H  
 201 West Madison Suite 300  
 Belgrade, MT 59714  
 (406)-388-3213

Original Authorization forms & receipts need to be turned into the 4-H Office.

Authorized Leader's signature: \_\_\_\_\_ Date \_\_\_\_\_