

# 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.

Gallatin County 4-H

201 West Madison Suite 300

Belgrade, MT 59714

(406)-388-3213

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