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|  | | | Date: | | | |  | |  |
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| **UACES CHECK REQUEST** | | | | | | | | |  |
| Master Gardener  4-H | | | | | | | | |  |
| Issue Check to: |  | | | | | Amount: |  | |  |
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| For: |  | | | | | Check#: |  | |  |
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| **Expense Category (please check one)** | | | | | | | | |  |
|  | |  | | |  | | |  |  |
| Clothing | |  | | | Refreshments | | |  |  |
|  | |  | | | Attach FINANCE-214 | | |  |  |
| Supplies | |  | | | Awards | | |  |  |
|  | |  | | |  | | |  |  |
| Printing | |  | | | Other (please specify below) | | |  |  |
|  | |  | | |  | | |  |  |
| Educational Materials | |  | | |  | | | |  |
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|  | | | |  |  | | | |  |
| Requester Signature | | | |  | County Staff Chair Signature | | | |  |
|  | | | |  | or UACES Official Signature | | | |  |
| **Attach all documentation to this request.** | | | | | | | | |  |
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| **UACES CHECK REQUEST** | | | | | | | | |  |
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| Requester Signature | | | |  | County Staff Chair Signature | | | |  |
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| **Attach all documentation to this request.** | | | | | | | | |  |