

# Klickitat County 4-H Leaders Council Budget Request Form

Name of Committee/Club: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Project: \_\_\_\_\_

## Purpose of Project

Brief Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Project Budget

Income: Itemize estimated income from activities

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_

Expenses: Itemize how money will be spent

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Budget Needed (income minus expenses) \$ \_\_\_\_\_

Less: Amount from Other Sources

\_\_\_\_\_  
\_\_\_\_\_

Amount Requested from Council \$ \_\_\_\_\_

Date Money is Needed: \_\_\_\_\_

Date of Council Action: \_\_\_\_\_ Amount Approved by Council: \$ \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

Due October 15<sup>th</sup>, 2018