RACINE COUNTY 4-H
CHECK REQUEST

NAME________________________________________

DATE of check request______________ DATE of invoice/receipts_________________

ADDRESS____________________________________________________________

........................................................................................................

PHONE NUMBER:______________________________

AMOUNT OF CHECK: ___________________________

CHECK MADE PAYABLE TO:_____________________________________________

DATE NEEDED BY:_____________________________________________________

DISBURSMENT

☐ Pick up at ___________________(month) Leaders Meeting.

☐ Send to address below:

CHECK SENT TO:______________________________________________________

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........................................................................................................

(Please complete the following)

1. What category does the check fall into with the Leaders Association budget:

___________________________________________________________________

2. Briefly describe what the check is for (memo on check):

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

3. Is it included in the current year’s budget:

___Yes      ___No       ___Not sure

Receipt or invoice must be attached to this form.  Send to or fax to:

Racine County 4-H  FAX- 262-767-8775
Extension Racine County
1072 Milwaukee Avenue, Burlington, WI 53105