



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: _____

(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
Extension Racine County
1072 Milwaukee Avenue, Burlington, WI 53105**

FAX- 262-767-8775