## **Racine County 4-H Purchase Form**

## **Purchase**

Name of Person Making Purchase:	
Date Purchase Made:	
Project/Event:	
Phone Number:	
Reimbursement	
Date of Check Request:	
Amount Requested for Reimbursement:	
Check Made Payable To:	
Pick up at(month) BOD/ALA/JLA Meeting	
or	
Send Check to Address:	
City/State/Zip:	
(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:	
YesNoNot sure  Receipt or invoice must be attached to this form. All receipts and purchase forms must be turned in to Racine County BOD Trea	surer.

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