

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:

Yes No Not sure

Receipt or invoice must be attached to this form. All receipts and purchase forms must be turned in to Racine County BOD Treasurer.