

JACKSON COUNTY 4-H



CHECK REQUEST

- Please keep a copy of this check request for your records.
- Check requests are due to the UWEX office by Thursday of each week and will be paid according to the Jackson County Parents & Leaders Association Financial Policy.

NAME	DATE
ADDRESS	

- 1. Is it included in the current years' budget?
 - ___Yes ___No ___Not sure
- 2. If yes, what category does the check fall into with the Leaders Association Budget (project, activity, etc.)?

3.

Location	Purpose	Miles	Other Expenses	Amount
a.				
b.				

TOTAL AMOUNT OF CHECK: _____

DATE NEEDED BY:		

CHECK MADE PAYABLE TO (if different from above): _____

SEND CHECK TO (if different from above): _____

A copy of a receipt or invoice must be attached to this request!

Send to or Fax to:

FAX- 715-284-2394

UW-Extension Office 227 South 11th Street, Black River Falls, WI 54615

Jackson Co. 4-H Treasurer

Internal use only:				
Date				
Check #				