



**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:

Jackson Co. 4-H Treasurer FAX- 715-284-2394
UW-Extension Office
227 South 11th Street, Black River Falls, WI 54615

Internal use only:
Date _____
Check # _____