

# Sawyer County 4-H Clubs, Inc.

## Payment or Reimbursement Request /Authorization

Person Making Request: \_\_\_\_\_ Date: \_\_\_\_\_

**Complete this Section if Expenditure has not been previously authorized for payment**

Purpose of Expenditure: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Estimated Amount of Expenditure: \$ \_\_\_\_\_

- General Fund Expenditure  
 Designated Fund (Specify Fund: \_\_\_\_\_)

**If funding is approved, this form will be returned to you with approval information. Complete lower section when reimbursement / payment is requested.**

Treasurer Complete: \_\_\_\_\_ Approved by Board:  Yes (Date: \_\_\_\_\_)  No

**Complete this section if Expenditure has been previously authorized for payment**

- Expenditure Authorized by: \_\_\_\_\_  
 Payment Request (**Attach Invoice or other backup documentation**)  
 Reimbursement Request (**Attach receipts**)

Description	Quan.	Cost Ea.	Total	Treasurers Use
<b>Total Amount Requested</b>				

Make Check Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- Mail Check to Above Address       Give Check to Requestor

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Treasurer Complete: \_\_\_\_\_

Account: \_\_\_\_\_ Check #: \_\_\_\_\_ Date: \_\_\_\_\_