

COWETA COUNTY EXTENSION/4-H

PAYMENT REQUEST

APPROVED BY

☐ CHECK REQUEST ☐ CREDIT CARD PURCHASE ☐ IN HOUSE TRANSFER

DATE _____ REQUESTED BY _____ DATE REQUIRED _____

AMOUNT \$ _____ TRANSACTION # _____ TRANSACTION DATE _____

PAYABLE/XF TO _____

ADDRESS/XF FROM _____
(WHERE THE CHECKS TO BE SENT OR ACCOUNT RECEIVING THE TRANSFER)

REASON FOR EXPENDITURE _____

(BE SPECIFIC. EXAMPLE: REGISTRATION FEES – FOR WHAT EVENT)

WILL FUNDS BE REIMBURSED? ☐ YES ☐ NO ☐ PARTIALLY

IF YES, BY WHOM? _____

☐ MAIL ☐ PICK UP ☐ NO RECEIPT AVAILABLE
☐ RECEIPTS ATTACHED ☐ ORDER FORM ATTACHED WHY? _____

ACCOUNT TO BE CHARGED (CHECK ALL THAT APPLY)

<input type="checkbox"/> 22 RIMFIRE	<input type="checkbox"/> DAIRY HEIFER TEAM	<input type="checkbox"/> KIWANIS FAIR	<input type="checkbox"/> TRAILBLAZERS
<input type="checkbox"/> ADMIN	<input type="checkbox"/> DRILL TEAM	<input type="checkbox"/> MGEV PROGRAMS	<input type="checkbox"/> TRANSPORTATION/MINIVAN
<input type="checkbox"/> AG DISCOVERY	<input type="checkbox"/> FACS GENERAL	<input type="checkbox"/> MGEV COURSE	<input type="checkbox"/>
<input type="checkbox"/> AG TECH	<input type="checkbox"/> FAIR FOOD BOOTH	<input type="checkbox"/> OFFICE SUPPLIES	<input type="checkbox"/>
<input type="checkbox"/> ANR LABS	<input type="checkbox"/> FARMERS MARKET	<input type="checkbox"/> POULTRY CLUB	<input type="checkbox"/>
<input type="checkbox"/> ANR PROGRAMS	<input type="checkbox"/> GREENHOUSE	<input type="checkbox"/> QUIZ BOWL TEAMS	<input type="checkbox"/>
<input type="checkbox"/> ARCHERY	<input type="checkbox"/> HOMESCHOOL	<input type="checkbox"/> SCHOLARSHIPS	<input type="checkbox"/>
<input type="checkbox"/> BB TEAM	<input type="checkbox"/> HORSE AND PONY	<input type="checkbox"/> SCHOOL CLUBS	<input type="checkbox"/>
<input type="checkbox"/> CAMP	<input type="checkbox"/> JUDGING TEAMS	<input type="checkbox"/> SHOTGUN	<input type="checkbox"/>
<input type="checkbox"/> CLOVERBUDS	<input type="checkbox"/> K-9 CLUB	<input type="checkbox"/> SIGMA LAMBDA CHI	<input type="checkbox"/>

A LIST OF PARTICIPANTS AND PROGRAM AGENDA MUST BE PROVIDED WITH ALL FOOD PURCHASES

OTHER NOTES _____

REIMBURSEMENT (OFFICE USE ONLY)

AMOUNT RECEIVED \$ _____ DATE _____

RECEIVED FROM _____

PURPOSE/REASON _____