

OZAUKEE COUNTY 4-H LEADERS ASSOCIATION CHECK REQUEST FORM

Date _____

Person Requesting:

Name _____

Address _____

Phone _____

Make Check Payable to: _____

Dollar Amount: _____

Send to Address:

UW-Extension Office
121 W. Main Street
P.O. Box 994
Port Washington, WI 53074

Explanation of amount of reimbursement:

*****Request form must be filled out completely with all
Receipt(s) attached! Failure to do so may result in delayed payment!
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FOR TREASURE USE ONLY

RECEIVED: _____

Fundraiser:

Insurance:

Camp

- Bus
- Camp Fees
- Training
- Counselors/Staff
- Campership
- Other:

County Fair

- Activities
- Parking
- Food Stand
- Other:

Foundation:

Club:

Project - NAME:

Educational Experience

- Trip:
- Program/Event:
- Training:
- Background Check
- Other:

Professional Services:

Haunt

- Equipment/Supplies
- Food
- Other:

Activities & Awards

- Leaders Banquet
- Youth Leader Awards
- Variety Show
- Softball
- Dance
- Other:

Miscellaneous Expense: