

**COWETA COUNTY EXTENSION/4-H
CHECK REQUEST**

For office use only:
G/L Account # _____
Class _____

Approved by _____

Date _____ Requested by _____ Date Required _____

Issue check for following amount \$ _____ Check Number _____ Check Date _____

Payable to _____

Address _____
(Where the check is to be sent)

Reason for expenditure _____
(Be **specific**. Example: food* for concession stand; books for educational use; 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 no receipt? _____

Account to be charged: (Please check one)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> 22 Rimfire | <input type="checkbox"/> Dairy Heifer Team | <input type="checkbox"/> Kiwanis Fair | <input type="checkbox"/> Sigma Lambda Chi |
| <input type="checkbox"/> Admin | <input type="checkbox"/> Drill Team | <input type="checkbox"/> MGEV Programs | <input type="checkbox"/> Trailblazers |
| <input type="checkbox"/> Ag Discovery | <input type="checkbox"/> Dressage Team | <input type="checkbox"/> MGEV Course | <input type="checkbox"/> VSSO |
| <input type="checkbox"/> ANR Labs | <input type="checkbox"/> FACS General | <input type="checkbox"/> Office Supplies | <input type="checkbox"/> _____ |
| <input type="checkbox"/> ANR Programs | <input type="checkbox"/> Fair Food Booth | <input type="checkbox"/> Poultry Club | <input type="checkbox"/> _____ |
| <input type="checkbox"/> ANR Stormwater | <input type="checkbox"/> Funds Advance | <input type="checkbox"/> Quiz Bowl Teams | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Greenhouse | <input type="checkbox"/> Robotics | <input type="checkbox"/> _____ |
| <input type="checkbox"/> BB Team | <input type="checkbox"/> Horse & Pony | <input type="checkbox"/> Scholarships | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Camp | <input type="checkbox"/> Judging Teams | <input type="checkbox"/> School Clubs | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Cloverbuds | <input type="checkbox"/> K-9 Club | <input type="checkbox"/> Shotgun | <input type="checkbox"/> _____ |

*A list of participants and program agenda must be provided with all food purchases.

REIMBURSEMENT

Amount Received \$ _____ Date _____

Received from _____

Purpose/Reason _____