DELTA COUNTY
4-H COUNCIL

REQUEST FOR PAYMENT

The following must be completed in full.
Payment by Council can not be made without
sufficient information, receipts, and signature.

DATE: _______________________________________

ACCOUNT: _____________________________________

SUB-ACCOUNT: ___________________________________

AMOUNT REQUESTED: ___________________________

REASON FOR REQUEST: __________________________

REQUEST MADE BY: ______________________________

ADDRESS: _____________________________________

______________________________

TELEPHONE NUMBER: ___________________________

MAKE CHECK PAYABLE TO: _______________________

ATTACH RECEIPT SHOWING PAYMENT AND LIST OF PARTICIPANTS

SUBMIT FOR PAYMENT TO: DELTA COUNTY 4-H COUNCIL
MSU EXTENSION
2840 COLLEGE AVE
ESCANABA MI 49829-9595

Revised 11/07