

Payment Made \_\_\_\_\_

Check Number \_\_\_\_\_

**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 :** U.P. State Fair Livestock Reimbursement  
\_\_\_\_\_

**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**

