

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 : _____

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

