

Pend Oreille County 4-H Check Request Form

(ALL INFORMATION IS REQUIRED FOR PAYMENT)

**Check (one) type of check
requested**

- ☐ Refund
☐ Reimbursement

Total Amount Requested	\$
Date of Request	

☐ Pay attached invoice

Check is payable to: (Please print)

Name (First and Last)	
Mailing Address Street/PO Box	
City, State, Zip	

Requester (Your name): (Please print)	Phone #
Requester Signature	
Items purchased/event attended:	

Check was authorized by:		
<input type="radio"/> Name:	<input type="radio"/> Budgeted	<input type="radio"/> Approved in
minutes		

1. Fill out form completely and attach original receipts. To submit:
2. Mail form and receipts to Vickie Blanchet c/o WSU POC Extension Box 5045, Newport, WA 99156 or
3. Scan and e-mail form and receipts to blanchetvickie@newportgriz.com or
4. Turn in this form and receipts at the next Leader Council Meeting.
5. If you have questions call the Vickie Blanchet at 509.671.2428 (8 a.m. – 4:30 p.m. week days).

OFFICE USE ONLY

Check # _____

Date _____

