



WASHINGTON STATE UNIVERSITY  
EXTENSION

**Thurston County 4-H Council  
EXPENSE VOUCHER**

Payable to: \_\_\_\_\_  
(Print name of vendor or individual)

Date: \_\_\_\_\_

please mail the check to the address below

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

please call me when payment is ready for pickup.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*Pickup at: WUS Extension, 5033 Harrison Ave. NW, Olympia, WA 98502*

Fund or Committee Name: \_\_\_\_\_

**Note: All expenditures must be itemized. Bills or receipts must be attached.**

Purpose	Amount
<b>Total Expenditures</b>	

Payment authorized by: \_\_\_\_\_ Date: \_\_\_\_\_  
(To be signed by authorized person from group/club overseeing the project/committee listed above)

To be Completed by 4-H Council Treasure				
Date Check Written	Check #	Amount	Check signed by	Date Check Signed