



**Cass County 4-H Club Check Request**

Requests to Purchase and Requests for Reimbursements may be emailed to Lori Anderson (lander@iastate.edu) and Kate Olson (keolson@iastate.edu), Faxed to (712) 243-1133 or dropped off to the Cass County Extension Office. Office Hours are 8:00 AM-4:30 PM M-F. Office Phone is (712) 243-1132 if you have questions on this form.

**\*NOTE:** Please fill out a separate form for each check/payment being requested

4-H Club Name: \_\_\_\_\_

Request for: Reimbursement \_\_\_\_\_ Purchase \_\_\_\_\_

Club approved payment at meeting on \_\_\_\_\_ (Date) for the following:

Check Payable to: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Item(s) Description	Club Purpose	Amount
<b>Please attach all receipts or an invoice</b>		<b>Total Amount of Payment:</b>

Club Treasurer's Signature \_\_\_\_\_ DATE: \_\_\_\_\_

Club Leader Signature \_\_\_\_\_ DATE: \_\_\_\_\_

**Please return to the Extension Office by the 10th or 25th of the month for processing within two weeks**

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*~ Optional Practice Check ~*



<b>For Office Use Only:</b>	
Date Received:	Staff Initials:
Check Date:	Check Number:
Vendor ID:	
Club Account Number:	