



Request for Payment Form

Spokane County 4-H Large Animal Project

Today's Date: _____	Date of Purchase: _____
Refund \$ _____	Reimbursement \$ _____
Pay Invoice \$ _____	Debit Purchase \$ _____

- Attach **ALL** original receipts.
- Payment requests must be submitted within 30 days.
- All fields below are required. The "Requestor" and "Authorized by" must be appropriate parties.

Payable to: _____
Include first and last name or business name

Mailing Address: _____

Large Animal Committee or Event: _____

Items Purchased: _____

Requester Name (Print): _____

Requester Signature: _____

Authorized By: _____
Committee Chair Member / Staff / Executive Board Members Signature

ALL INFORMATION IS **REQUIRED** FOR PAYMENT.

The check request form can be:

- Mailed to: Spokane County 4-H Large Animal Project, 222 N Havana St, Spokane, WA 99202
- Submitted in-person at the monthly large animal project meeting (1st Tuesday at 6pm)

If you have any questions or concerns, please contact the 4-H office at 509-477-2165.

OFFICE USE ONLY:

Date: _____ Check # _____ Treasurer Initials: _____

Quickbooks: _____ Archived: _____