

Spokane County 4-H Horse Project Request for Payment Form

Submit Form

Attach ALL ORIGINAL Receipts

Refund	\$
Reimbursement	\$
Pay Invoice	\$
Debit Purchase	\$

Today's Date: _____

Date Purchase: _____

***Payment requests must be submitted within 30 days.**

All fields below are required. The "Requestor" and the "Authorized by" must be appropriate parties.

Payable to: _____
Include First & Last Name or Business Name

Mailing Address: _____

Horse Committee or Event: _____

Items Purchased: _____

Requester Name (Print): _____

Requester Signature: _____

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I confirm that all receipts and/or invoices related to this payment request are attached and submitted with this form

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

ALL INFORMATION IS REQUIRED FOR PAYMENT

OFFICE USE ONLY:	Date: _____	Check#: _____	Treasurer initials: _____
QuickBooks: _____	Archived: _____		

Payment Request Submission Instructions

All requests for payment or reimbursement **MUST** include a completed Check Request Form with all applicable receipts or invoices attached.

Completed requests must be submitted using one of the following methods ONLY:

- Email: cahnrs.spokane.county.extension@wsu.edu
- Subject: Print please: Horse Project Treasurer
- Mail: Spokane County 4-H Horse Project Treasurer, 222 N. Havana St., Spokane, WA 99202
- In Person: Spokane County Extension Office or at the monthly 4-H Horse Project meeting (second Tuesday of each month at 7:00 PM).

Important: Incomplete requests or requests submitted through other channels may experience processing delays. Please do not email payment requests directly to individual staff members or volunteers.

For questions regarding payment requests, please contact the Spokane County 4-H Office at the email address listed above.

If you have any questions or concerns, please feel free to contact the 4-H Horse Project Treasurer, Susie Merritt (509) 998-8350

Explanation of how to fill out

1. Write in dollar amount for:

Refund – requesting a refund. (Must be approved by committee chair and executive board)

Reimbursement – a 4-H purchase and needs to be reimbursed.

Pay Invoice – invoice need to be paid.

Debit – For Officers Only

2. Please fill in today's date, and the date the item was purchased.

3. Fill in who the money is payable to with their mailing address.

4. Horse Committee– Please fill in if this is for a Horse show, spring clinic etc, and what category it would be included in for example: Supplies, Judges, members fees

6. For example:

Items purchased: Horse Show Facility fee, Camp horse supplies, Spring Clinic clinicians lunches

7. Print your name and sign, and have the committee chair sign

8. Indicate whether this was budgeted or approved in minutes