

**OZAUKEE COUNTY 4-H LEADERS ASSOCIATION
CHECK REQUEST FORM**

PERSON/4-H GROUP REQUESTING _____ DATE _____

NAME _____ PHONE _____

ADDRESS _____ DOLLAR AMOUNT _____

Make Check Payable to: _____

Send to Address: _____

Send to: UW-Extension Office
Attn:
P.O. Box 994
Port Washington, WI 53074

Explanation of amount of reimbursement with receipt(s) attached (must be completed):

FOR TREASURER USE ONLY

Acct. # _____ Check # _____ Date Paid _____

Mail to:
UW-Extension Office
Attn: 4-H
P.O. Box 994
Port Washington, WI 53074