WASHINGTON STATE UNIVERSITY
EXTENSION
4-H Youth Development Program

Spokane County 4-H Horse

Check Request Form

Attach ORIGINAL Receipts

$ _____ *Refund $ _____ Reimbursement $ _____ Pay Invoice

***Refund requests must be submitted within two weeks of the designated activity.**

Payable to: _____ **Date** _____
Include First & Last Name

Mailing Address: _____

Item(s) Purchased: _____

Horse Committee (Event): _____

Requester Name (Print): _____ **Phone No:** _____

Requestor Signature: _____

Authorized by: _____ ☐ **Budgeted** ☐ **Approved in minutes**
Committee Chair Member Signature — Check One

OFFICE USE ONLY: **Date:** _____ **Check#:**_____

ALL INFORMATION IS REQUIRED FOR PAYMENT

The check request form can be:

- **Mailed: Spokane County 4-H Horse Project, 222 N. Havana St., Spokane, WA 99205**
- **Email: Tina Culp tina@gunryn.com *INCLUDE RECEIPT**
- **Faxed: Spokane County Extension Office (509)477-2087**

If you have any questions or concerns please feel free to contact the 4-H Horse Project Treasurer, Tina Culp at (509)389-9177.

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