

Thurston County 4-H Council EXPENSE VOUCHER

Payable to: _____ Date: _____
(Print name of vendor or individual)

Address: _____

Note: If payment is to be mailed directly please submit a self-addressed, stamped envelope.

Please call me when payment is ready for pickup.
Name: _____ **Phone:** _____
Pickup at: WSU Extension, 720 Sleater-Kinney Road SE, Suite Y, Lacey, WA 98503

Fund or Committee Name: _____

Note: All expenditures must be itemized. Bills or receipts must be attached.

Item Description and/or Purpose	Amount
Total Expenditures	

Payment authorized by: _____ Date: _____
(To be signed by authorized person from group/club overseeing the project/committee listed above)

Payment authorized by: _____ Date: _____
(To be signed by authorized person from 4-H Council Executive Committee)

For 4-H Council Treasurer Use Only			
Date of Expense Check	Check #	Amount	Check issued by