



Colorado Association of Extension 4-H Agents

To Strengthen the Extension, 4-H & Youth Profession and Programs

Request for Payment From the CAE4-HA Treasury

Date of Request: _____

Person / Member Requesting Funds: _____

Amount of Request: (\$) _____

Purpose of Funds Request: _____

All requests must be accompanied by proper supporting documentation of expense.
(Receipts, Invoices, etc...)

Make Check Payable to: _____

Send Check to: _____
(Street Address)

(City, State & ZIP Code)

For Treasurer's Use Only

Date Paid: _____

Budget Category: _____

Amount Paid: _____

Check Number: _____

Treasurer's Signature: _____