

# Milwaukee County 4-H Chartered Clubs/Groups Expense Form

Name of 4-H Chartered Club or Group: \_\_\_\_\_

9501 West Watertown Plank Road, Building A, Wauwatosa, Wisconsin 53226

Phone of 4-H Treasurer: \_\_\_\_\_

Email of 4-H Treasurer: \_\_\_\_\_

<http://milwaukeecounty4-h.org>

|  |                 |
|--|-----------------|
| Bill submitted by:   | Date Submitted: |
| Pay to: (name)<br>(address)<br>(email address)<br>(phone number) |                 |
| Amount due: \$   |                 |

| Account             | Amount | Purpose of Expenditure |
|---------------------|--------|------------------------|
| General             |        |                        |
| Fundraiser          |        |                        |
| Scholarship         |        |                        |
| Special Event       |        |                        |
| Member Dues         |        |                        |
| Pass Through Funds* |        |                        |

## Attach receipts of proof of expense.

|  |                      |
|--|----------------------|
| For Club/Group's Treasure and Accountholders Use Only:   | Date Received: _____ |
| Are these funds being held for a 4-H club/group? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                      |
| *Checks issued for pass through funds must be made payable to the name of the institution or the 4-H Club/Group. Checks should not be made out to individuals.         |                      |
| Was the expense a part of the event or project budget? <input type="checkbox"/> Yes <input type="checkbox"/> N   |                      |
| Action taken (please check one):<br><input type="checkbox"/> Approved for payment <input type="checkbox"/> Pending further information <input type="checkbox"/> Denied |                      |
| Please explain why if marked pending or denied:<br>_____<br>_____  |                      |
| 4-H Club or Group Name: _____  |                      |
| By _____ and _____   |                      |
| Date Paid _____ Check No. _____  |                      |

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