# PURCHASE/PAYMENT REQUEST

If this is a request for reimbursement, attach receipt(s) here. Please allow a minimum of three business days for reimbursement checks to be processed.

**Date of Request**  \_\_\_\_\_\_\_\_ **\_\_\_**

**Club/Group Name:**  **\_\_\_\_\_\_\_ \_\_\_**

**Program (4-H/MG): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred Vendor:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Estimated) Amount:** \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

**Purpose of purchase:**

 \_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_

 **\_\_\_\_\_\_\_\_ \_\_\_**

 \_\_\_\_\_\_\_ \_\_\_

**Signature of Requestor:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Information:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approval/Signature of MG Treasurer or 4-H Leader:**

 \_\_\_\_\_\_\_ \_\_\_

***(Extension Office Use Only)***

**Availability of funds verified? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Method of Purchase/Payment? (County Check, P-Card,**

**Requisition, Reimbursement)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CES Approval:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Designated Worktag # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Spend Category:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**