

**CLARK COUNTY 4-H INCOME / EXPENSE VOUCHER**

Date: \_\_\_\_\_

**INCOME**

Source of Income:

\$ _____	Contribution, Gift, Grant	\$ _____	Activity Participation Fee
\$ _____	Fund Raising Revenue	\$ _____	Other
\$ _____		Total Amount	

Account Name(s): \_\_\_\_\_

Money Submitted by: \_\_\_\_\_

Deposited by: \_\_\_\_\_

**EXPENSES**

Reimbursement: \$ \_\_\_\_\_

Needed from Account Name / Project / Activity: \_\_\_\_\_

Description / Purpose of Payment: \_\_\_\_\_

Please attach all original receipts for review. Payment will not be issued without receipts.

Make Check Payable to:	Name:	_____
	Address:	_____
	City:	_____
	Phone Number:	_____
	E-Mail:	_____

**REQUIRED SIGNATURES**

Person Requesting Payment	_____	Date	_____
Committee Chair / Co-Chair	_____	Date	_____
Treasurer	_____	Date	_____

Please mail to:

UW-Extension  
 517 Court Street, Room 104  
 Neillsville, WI 54456

<b><u>Treasurer Use Only</u></b>	
Check #	_____
Amount \$	_____
Date	_____