

**ST. CROIX COUNTY 4-H ADULT LEADERS
REQUEST FOR PAYMENT**
(Please Attach Receipt)

Name (Please Print) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date Submitted _____

Signature _____

Nature of Expense _____

Item	Cost
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Total	_____
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Date Paid _____ Check # _____ Staff Initial _____