TENNESSEE 4-H FOUNDATION

est. 1953

Payment Request

Date:			SSE A-H Club FOUNDS
Amount: \$			
Account Name:			
Make Check Payable To:			Incorporated 1953
Address:			Return payment request and documentation to: Tennessee 4-H Foundation
Account Manager:			2621 Morgan Circle 205 Morgan Hall Knoxville, TN 37996-4510
Account Manager's Signature:			or 4hfoundation@utk.edu
			or
Expense Type (check all that apply & input the cost associated with each category):			Fax (865) 974-1628
	Housing	\$	Questions?
	Items for Resale	\$	(865) 974-7434
	Meals	\$	This section is completed by
	Miscellaneous	\$	4-H Foundation Staff.
County Support \$	<u> </u>	\$	
Educational Materials \$		\$	
Grants \$ Honorariums & Labor \$		\$ \$	Received By
☐ Honorariums & Labor →			 Date
Is This A Reimbursement? (If yes, attach receipts/documentation)			
Describe This Expense (Must be Completed	١.		
Describe This Experise (Must be completed).		Reviewed By
			Date
			Approved By
			Date
			Revised 1-6-16