

WORK TEAM & CCA PAYMENT REQUEST

Date: _____

To: Extension Fiscal Office

Submitted by: _____

Request Payment by: IMO CHECK PO

Account Number:
(Select One)

178700 – Strong Families, Healthy Homes
178710 – Nutrition, Health and Food Safety
178720 – 4H and Youth Development
178730 – Competitive & Sustainable Agricultural Systems
178740 – Sustainable Community Development
178750 – Natural Resources and the Environment

Payee:

Items purchased:

Total Cost:

Purpose of Expense:

Receipts Attached Yes No

****If purchase is an Official Function expense, please complete and attach the Official Function Form in addition to the Purchasing form****

Special Instructions:

Approx Balance in Account:

Approved by CCA Leader: _____ Date: _____

Work Team Name: _____

CCA Name: _____