Check/ Charge Request
(attach to original invoice when received in office)

TO: __________________ County Extension District Board

FROM: ____________________________________________________________

☐ I paid for this with personal funds. I request reimbursement for same amount. Receipts attached.

☐ Check request – check payable to: ________________________________________

☐ Charged to office: receipts attached

<table>
<thead>
<tr>
<th>Date Purchased</th>
<th>Where Purchased</th>
<th>Reason for purchase</th>
<th>Total</th>
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I acknowledge that all of the above information is truthful to the best of my ability.

Agent signature: ___________________________ Fiscal/DB Contact signature: ___________________________

4050 – Facility Maintenance

4052 – Landscaping

4060 – Contract Labor

4063 – Cap. Improvements

4070 – Equip (purchase/lease)

4075 – Equipment (repairs)

4085 – Marketing/Special Programs

4104 – 4-H

4101 – Ag

4103 – FCS

4100 – Hort

4130 – Office Mgr.

4115 – Ag

4116 – 4-H

4117 – FCS

4118 – Hort

4121 – AG

4122 – FCS

4120 – 4-H

4125 – Hort

4131 – FCS Asst

4123 - 4-H Asst

4122 – FCS

4120 – 4-H

4125 – Hort

4131 – FCS Asst

4123 - 4-H Asst

4122 – FCS

4120 – 4-H

4125 – Hort

Council Support

4065 – 4-H

4066 – Ag

4067 – FCS

4068 – Hort

4069 – Hmkrs

Not frequently used

4030 – Audit

4035 – Board Expense

4040 – Bookkeeping

4051 – Soil/Hay Tests

4055 – Bdg payment

4135 – UK Supplies

4164 – Internet Service Provider

4165 - Bonds

4190 - Insurance