



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

Date Purchased	Where Purchased	Reason for purchase	Total

I acknowledge that all of the above information is truthful to the best of my ability.

Authorization signature: _____

4050 – Facility Maintenance

4052 – Landscaping

4060 – Contract Labor

4063 – Cap.Improvements

4070 – Equip (purchase/lease)

4075 – Equipment (repairs)

4085 – Marketing/Special

Programs

4150 – Postage, UPS

4160 – Telephone

4163 – Cell phones

4170 – Utilities

4326 – Part time Secretary

4327 – Custodian/Maint.

4330 – Supplies

Professional Imp.

4104 – 4-H

4101 – Ag

4103 – FCS

4100 – Hort

Program Support

4115 – Ag

4116 – 4-H

4117 – FCS

4118 – Hort

Travel

4121 – AG

4123 - 4-H Asst

4122 – FCS

4120 – 4-H

4125 – Hort

4130 - Office Mgr.

4131 – FCS Asst

Leadership Trng

4126 – FCS

4127 –AG

4128 – 4-H

4129 – 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/HayTests

4055 – Bdg payment

4135 – UK Supplies

4164-Internet Service

Provider

4165 – Bonds

4190 – Insurance