



Check Date: _____
Check No: _____
Check Record Date: _____

7620 SR 471, Suite 2
 Bushnell, FL 33513-8716
 352-569-6872
 352-569-6871 Fax

UF/IFAS SUMTER COUNTY EXTENSION

CHECK REQUEST

4-H
 Master Gardeners
 Extension Program

Sub-Account No.	<input type="text"/>	Title:	<input type="text"/>	Amount:	<input type="text"/>
Sub-Account No.	<input type="text"/>	Title:	<input type="text"/>	Amount:	<input type="text"/>
Sub-Account No.	<input type="text"/>	Title:	<input type="text"/>	Amount:	<input type="text"/>
Sub-Account No.	<input type="text"/>	Title:	<input type="text"/>	Amount:	<input type="text"/>
Sub-Account No.	<input type="text"/>	Title:	<input type="text"/>	Amount:	<input type="text"/>

Total Amount of Check:

Payee:

Mailing Address:

Disposition of Check: Mail Hand Deliver to

Purpose of Check:

Please attach itemized invoice, receipt or other proof of purchase.

Requested by: _____ Date: _____

Approving Agent: _____ Date: _____

Director: _____ Date: _____