

Clark County 4-H Leaders Federation Income and Expense Voucher

INCOME

Source of Income	Amount	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Deposit _____

Deposited by _____

Date _____

EXPENSES

Please attach all original receipts for review. Payment will not be issued without receipts.

Amount of payment: \$ _____

Project / Activity _____

Description of Activity _____

Make check payable to: Name _____

Address _____

City / Zip _____

Phone _____

Email _____

Please send form and receipts to:

Clark County Extension
517 Court Street, Room 104
Neillsville, WI 54456

Treasurer Use Only

Check # _____

Amount _____

Date _____