

Bill submitted by:

Pay to: (Name)

Amount Due:

(Address)

Purpose of Expenditure:

Council account to be charged:

## Kenosha County 4-H Council, Inc.

19600 75<sup>th</sup> Street, #2 Bristol, WI 53104 262-857-1945 (phone) 262-857-1998 (fax) http://kenosha.uwex.edu (Web)

## EXPENSE FORM Date

Attach receipts of proof of expense.