The
TENNESSEE 4-H FOUNDATION
est. 1953

Payment Request

Date: _____

Amount: _____

Make Check Payable To: _____

Payee Address: _____

_____

_____

Mail Check To (check one): ☑ Payee address above ☐ Do not mail - will pick up

☐ Mail To Address: _____
(Select only if different than Payee Address!)

_____

_____

Account Name: _____

Account Manager: _____

Account Manager's Signature: _____

Expense Type (check all that apply & input the cost associated with each category):

☐ Admission Tickets	$_____	☐ Housing	$_____
☐ Awards	$_____	☐ Items for Resale	$_____
☐ Camp Scholarships	$_____	☐ Meals	$_____
☐ College Scholarships	$_____	☐ Miscellaneous	$_____
☐ County Support	$_____	☐ Postage	$_____
☐ Educational Materials	$_____	☐ Printing	$_____
☐ Grants	$_____	☐ Registration Fees	$_____
☐ Honorariums & Labor	$_____	☐ Transportation	$_____

Is This A Reimbursement? (If yes, attach receipts/documentation) ☐ Yes ☑ No

Describe This Expense (Must be Completed):

Return payment request and documentation to:

Tennessee 4-H Foundation
2621 Morgan Circle
205 Morgan Hall
Knoxville, TN 37996-4510

or

4hfoundation@utk.edu

or

Fax (865) 974-1628

Questions?
(865) 974-7344

This section is completed by 4-H Foundation Staff.

_____
Received By

_____
Date

_____
Date

_____
Reviewed B

_____
Approved By

_____
Date

Revised 9-22-26