



## Staff Payment Request Form

Complete this form and attach any receipts on the back. Requests for funds should be submitted as far in advance as possible with a minimum of two weeks prior to the required date. Mail to the Massachusetts 4-H Foundation at 1671 Worcester Road, Suite 403, Framingham, MA 01701.

Contact the Foundation at 508-881-1244 if you have questions.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name of payee: \_\_\_\_\_ Requesting check for: \$ \_\_\_\_\_  
(if different from above)

Mail check to: \_\_\_\_\_  
(if different from above)

Program number \_\_\_\_\_ Program name: \_\_\_\_\_

Name of program or grant: \_\_\_\_\_

Check one: Receipts attached: \_\_\_\_\_ Receipts to follow: \_\_\_\_\_

Date funds needed: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please make copies of this form as needed.*