Appendix B: Payment Approval Form



Copy of Receipt must be attache	d.		
4-H Club/Group Name:			
Date of Bill:			
Pay To:			
Items Purchased	Project	Amount	
	L	<u> </u>	
Club President Signature:		Date:	
Club Secretary Signature:		Date:	
Check No.:	Date:		

The University of Wisconsin–Madison does not discriminate in its employment practices and programs and activities on a variety of bases including but not limited to: age, color, disability, national origin, race, or sex. For information on all covered bases, the names of the Title IX and Americans with Disabilities Act Coordinators, and the processes for how to file a complaint alleging discrimination, please contact the Office of Compliance, 361 Bascom Hall, 500 Lincoln Drive, Madison WI 53706, Voice 608-265-6018, (relay calls accepted); Email: uwcomplianceoffice@wisc.edu.