

ST. CLAIR COUNTY HORSE LEADERS ASSOCIATION
CHECK REQUEST

This form is to be filled out when requesting payment for expenses related to the activities of *The Horse Leaders Associations*.

Date of Request:

Requestor:

Activity Requesting Funds for:

Amount Requested:

Date Needed:

Funds Requested for: (List activity and/or items being purchased)

Make Check Payable to:

Mail Check to:

RECEIPTS MUST BE ATTACHED TO THIS FORM IF REIMBURSEMENT IS BEING REQUESTED

Complete request forms can be mailed to:

Cindy Leone
4711 Palms Road
Casco, MI 48064

If you have questions, please call Cindy at 586.727.8562 or e-mail her at leone02@comcast.net.