



Send this form with proper signatures to:
Minnesota 4-H Foundation
 200 Oak St. S.E., Suite 270 B
 McNamara Alumni Center
 Minneapolis, MN 55455-2022

Funds Request Form for Non-EFS Accounts

Use this form to request funds from accounts or grants held with the Minnesota 4-H Foundation that will **not** be paid or credited to a University of Minnesota EFS account. Use the University of Minnesota Extension "Invoice Request Form - MN 4-H Foundation Only" if your request is to be deposited to an EFS account. Please allow 4-6 weeks for payment of all requests.

(Note: * fields are *REQUIRED)

REQUESTOR INFORMATION:

***Requested by:**

Preferred Method of Contact: E-mail Phone Fax

***E-mail Address:**

***Date of Request:**

***Phone Number:**

Fax Number:

SEND THE PAYMENT TO:

Name:

***Address:**

***City, State, Zip:**

***Amount to be paid:**
 Please attach all proper documentation such as invoices, receipts, EFS reports, other items as applicable.

NAME ON THE CHECK IF DIFFERENT THAN SENDING TO:

***Name:**

Purpose of expenditure: (Describe the materials, service, or expense to be reimbursed):

Authorized Signature:

Master Gardener Program Manager: _____

Date: _____

4H FOUNDATION USE ONLY

Date received by foundation: _____

Payee: _____

Code Number: _____

Project Number: _____

Approval: _____

Date: _____

Check Number: _____

Check Date: _____

Date funds rec'd from other account, if applicable: _____