

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:

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Requestor:

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Activity Requesting Funds for:

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Amount Requested:

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Date Needed:

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

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Make Check Payable to:

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Mail Check to:

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RECEIPTS MUST BE ATTACHED TO THIS FORM IF REIMBURSEMENT IS BEING REQUESTED  
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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](mailto:leone02@comcast.net).