

**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 Association*.

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: \_\_\_\_\_

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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:  
Cheryl Thuma  
1700 Mortimer Line Road  
Crosswell, MI 48422

If you have questions, please call Cheryl at 810.650.9485 or email her at maneattraction4h@yahoo.com