



Oklahoma State University
Oklahoma Cooperative Extension Service
Agency Fund Check Request
County Extension Center

Person requesting agency check:

Name of vendor:

Amount requested:

Purpose of purchase:

Fund to be charged:

When the purchase is complete, I will return a receipt to the county extension center.

Signature:

Date:

CED Approval:

Date:

.....
For Office Use:

Check #:

Date Paid:

Payee:

Amount:

Category/Account:

Memo:

Educational Purpose: