# Zone Check Request Form <br> <br> UNITED STATES <br> <br> UNITED STATES <br> <br> HUNTER JUMPER ASSOCIATION ${ }^{\text {T}}$ 

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INSTRUCTIONS - COMPLETE ALL INFORMATION BELOW AND ATTACH INVOICES OR RECEIPTS TO SUPPORT DISBURSEMENT - INCOMPLETE INFORMATION, MISSING INVOICES OR MISSING APPROVAL SIGNATURE WILL DELAY PAYMENT

Zone Hunter / Jumper
(circle Hunter or Jumper)

Approval Signature $\qquad$ (zone chair or treasurer)

MAIL TO: ACCOUNTING DEPT., USHJA, 3870 CIGAR LANE, LEXINGTON KY 40511

Date Requested $\qquad$ Date Needed $\qquad$

Vendor Tax ID \# $\qquad$ Amount $\qquad$

Vendor Name $\qquad$

Vendor Address $\qquad$
$\qquad$
Vendor Telephone $\qquad$

Date of service or receipt of goods: $\qquad$
Description
(MUST AGREE TO ACTIVITY DESCRIPTION ON ZONE BUDGET FORM)

Comments $\qquad$

## Accounting Department Use Only

Account Code $\qquad$
Date Paid $\qquad$
Approved By: $\qquad$
Check \# $\qquad$

