

## 4-H REIMBURSEMENT/PAYMENT REQUEST FORM

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Make check payable to:    Name: \_\_\_\_\_  
                                         Address: \_\_\_\_\_  
                                         \_\_\_\_\_

**PLEASE ATTACH ALL RECEIPTS**

Budget Category: \_\_\_\_\_

Amount: \_\_\_\_\_

Pre-approved?

YES

NO

UNSURE

**ALL REIMBURSEMENT/PAYMENT REQUEST FORMS MUST BE FILED WITH THE TREASURER WITHIN 60 DAYS AFTER EXPENSE OCCURS. Checks will be cut as invoice is received or twice a month unless otherwise notified.**

**Please retain copy for your records.**