



## Chippewa County 4-H Leaders, Inc.

Courthouse, Room 13  
711 North Bridge Street  
Chippewa Falls, WI 54729

### Instructions-Financial Reimbursement Request Form

The Chippewa County 4-H Leaders Council includes money in their budget to help defray some costs of 4-H trips/activities in which Chippewa County 4-H members participate. The amount the Council is able to contribute in a given year depends on the success of fund raising efforts, the amounts spent in other budget areas, and the number of applicants. For the fiscal year, the maximum reimbursement amount given per member is \$200.00.

A "Financial Reimbursement Request Form" has been developed for use when an individual or group is requesting monetary support for an out of county educational experience. Use of the form will provide a consistent, concise approach for obtaining information.

The 4-H Leaders' Executive Board will evaluate the request and the applicant is asked to follow the guidelines listed below. The form must be completed and submitted to the Extension office no later than September 26, 2016.

Please answer all questions completely so your request receives full attention. Participants that are awarded money may be asked to present information about their experience following the trip or activity. If events outside of the county are not specifically sponsored or co-sponsored by 4-H, the Chippewa County Leaders Council will not reimburse costs of the event. The general club leader is required to sign the form. If you have questions about the form, please call the Extension Office at 715-726-7950.

For reimbursement of money:

- Forms must be signed by the Club Advisor.
- Form must be completely filled out.
- Receipts must accompany Reimbursement Request Form.
- Members must achieve as a 4-H member in the year they are asking for funding.
- To achieve in 4-H according to Chippewa County 4-H Leaders Council, Inc., By-laws, a member must:

**"Section 6.** Requirements for yearly member successful completion are as follows:

**Membership Requirements for Achievement Recognition**

- A. Attend monthly club meetings regularly and participate in club activities (4-H Club may designate a percent rule)
- B. Give demonstration or talk
- C. Exhibit a project at club meeting, club tour, public exhibit, community or county fair
- D. Complete and turn in a 4-H Record Book to club representative by August 31 or by the date specified and approved by the club Parent Advisory Committee.

**Members not completing items A - D above are not eligible for project achievement recognition."**

# Chippewa County 4-H Financial Reimbursement Request Form

Name \_\_\_\_\_ Club \_\_\_\_\_ Years in 4-H \_\_\_\_\_  
 Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name of trip/activity \_\_\_\_\_ Dates of trip/activity (include travel) \_\_\_\_\_

**Participation in this trip/activity:** (Please check the category that best describes your participation.)

\_\_\_ I chose to participate      \_\_\_ I applied and was selected by \_\_\_      \_\_\_ I qualified by \_\_\_\_\_  
 \_\_\_\_\_

<u>Budget</u>	<u>Amount (\$)</u>
Registration Fees	_____
Transportation Costs	_____
Lodging	_____
Meals	_____
Program materials	_____
Other Costs (Please specify: Do NOT include personal phone calls, snacks, souvenirs, etc.)	_____
_____	_____
<i>Total</i>	_____
Amount received/requested from other sources*	_____
<i>Amount Requested (maximum amount given \$200)</i>	_____

**If you are seeking reimbursement, proof of purchase such as receipts or invoices need to accompany this request.**

**\*Additional Funding:** Have you requested or received funding from other sources, such as your 4-H club, other clubs, service organizations, scholarships associated with the trip/activity, fundraising efforts etc.? Please itemize here and place total in the line in the budget above.

<u>Source</u>	<u>Amount (\$)</u>
_____	_____
_____	_____
_____	_____

**Please describe your role/involvement in this trip/activity. Attach an agenda or program if possible.**

\_\_\_\_\_  
 \_\_\_\_\_

**Please describe how your 4-H club, community and county will benefit from your participation in this trip/activity.**  
 (You may use the back of this sheet if needed.)

\_\_\_\_\_  
 \_\_\_\_\_

**Club Leader must Complete: Is applicant in good club standing regarding attendance and participation?**

\_\_\_ Yes      \_\_\_ No      Club Leader Signature \_\_\_\_\_

Youth Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

*Please note: If you feel you have a special need that you believe the committee should be aware of, please attach a sheet describing the need.*