

# Chippewa County 4-H Reimbursement Request Form

Name of Event/Activity \_\_\_\_\_

Date of Event/Activity \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

For \_\_\_\_\_

Receipt Attached: Yes \_\_\_\_\_ No \_\_\_\_\_ (if not, please explain why)

**Reimburse to:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature of person requesting reimbursement \_\_\_\_\_

Date \_\_\_\_\_

*For Approval Use Only:*

\_\_\_\_\_ 4-H Youth Development Agent

\_\_\_\_\_ President, 4-H Leader's Council

\_\_\_\_\_ Date

Paid: Check # \_\_\_\_\_ Date \_\_\_\_\_

Account Name \_\_\_\_\_