



## 4-H Reimbursement Voucher

Please complete the form below and email a photocopy of the corresponding receipts to [woodcounty4h@co.wood.wi.us](mailto:woodcounty4h@co.wood.wi.us). Your request will be reviewed by the Wood County 4-H Leaders Association prior to payment.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Club Name \_\_\_\_\_

Amount of Reimbursement Requested: \$ \_\_\_\_\_

Explanation for Reimbursement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_