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| Buffalo County 4-H Leaders’ Association Reimbursement Request Form

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| --- | --- | --- | --- | --- |
| Today’s Date |  |  | 4-H Club |  |
| Requested by |  |  | Amount of Reimbursement  | $ |
| Address |  |  | City, State, Zip |  |
| Educational Event  |  |  | Date Expense Incurred |  |

|  |  |
| --- | --- |
| Description of Expense |  |
| Was expense approved prior to incurring? Yes No UnknownWas expense a budgeted expense? Yes No Unknown  |
| Please attach receipt of expenditures if applicable. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature |  |  |  |  |
|  |  |  |  |  |
| FOR OFFICE USE ONLY |  |  |  |  |
| Amount approved | $ |  |  |  |
| Approved by Signature |  |  |  |  |
|  |  |  |  |  |

Please attach receipt of expenditures if applicable. |