

4-H Club Request for Personal Reimbursement Form

Date: _____ Amount: _____

Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Reason for Reimbursement:

- All reimbursement requests must be accompanied by an **ORIGINAL** receipt for the purchase.
- If you are paying for a service and can't get a check beforehand, please write up a receipt and have the person being paid sign it.
- Reimbursements will only be made with a check. **NO CASH REIMBURSEMENTS.**

Person Requesting Reimbursement Signature**Date**_____
Person Authorizing Reimbursement Signature**Date**

Reimbursed with Check #: _____ Amount: _____

