

4-H Club Request for Personal Reimbursement Form

Date: _____ Amount: _____

Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Reason for Reimbursement:

- A reimbursement **CANNOT** be requested and authorized by the same person. Reimbursements should be made to individuals (preferably club volunteers). It is not recommended to pay club expenses from a personal business account, even if the business is owned by a volunteer.
- When it is necessary for a check to be made payable to an account signer, that person should **NEVER** authorize the reimbursement or be the only one to sign the check.
- 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: _____

