

# Request for Personal Reimbursement Form

## \_\_\_\_\_ 4-H Club or Committee

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

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

Reason for Reimbursement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- All reimbursement requests must be accompanied 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!**

by an **ORIGINAL**\_\_\_\_\_  
**Person Requesting Reimbursement Signature**\_\_\_\_\_  
**Date**\_\_\_\_\_  
**Person Authorizing Reimbursement Signature**\_\_\_\_\_  
**Date**

Reimbursed with Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

For on-line form: [clark.osu.edu](http://clark.osu.edu)