

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 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: _____

