

Oconto County 4-H Reimbursement Form

Submit this form within two weeks of the incurring expense(s) to the 4-H Leaders Association Treasurer.

Attach all supporting documentation (receipts, etc) to this form.

Submitted by: _____

Date Submitted: _____ Signature: _____

4-H Club (if applicable): _____

Date of Activity: _____

Description of Activity: _____

Type of Expense (lodging, entry fee, supplies, etc). Be specific.

_____ Costs _____

_____ Costs _____

_____ Costs _____

Total Reimbursement Requested: _____

Mileage (only paid if approved by Leaders Association)

From: _____ To: _____ Total Miles: _____

Expense check to be paid to

Individual or Organization

Address

City, State, Zip Code