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| Buffalo County 4-H Leaders’ AssociationReimbursement Request Form  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Today’s Date |  |  | 4-H Club |  | | Requested by |  |  | Amount of Reimbursement | $ | | Address |  |  | City, State, Zip |  | | Educational Event |  |  | Date Expense Incurred |  |  |  |  | | --- | --- | | Description of Expense |  | | Was expense approved prior to incurring? Yes No Unknown  Was expense a budgeted expense? Yes No Unknown | | | Please attach receipt of expenditures if applicable. | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Signature |  |  |  |  | |  |  |  |  |  | | FOR OFFICE USE ONLY |  |  |  |  | | Amount approved | $ |  |  |  | | Approved by Signature |  |  |  |  | |  |  |  |  |  |   Please attach receipt of expenditures if applicable. |