

REIMBURSEMENT
OR PAYMENT REQUEST
HUMBOLDT COUNTY 4-H COUNCIL

NAME _____ PHONE _____

CLUB _____

MAILING ADDRESS _____

AMOUNT REQUESTED \$ _____ EVENT _____

Briefly state reason(s) for the request and how the monies were spent. Attach all original receipts and/or original invoices for processing the reimbursement or payment request. Tape receipts/invoices to a separate sheet. Use the back of this form to itemize. Include dates and/or locations as appropriate.

NOTE: Original receipts are required for reimbursement requests.
Original invoices are required for payment requests.

How will the County 4-H Program benefit from this request?

Approved

By Whom: _____

Not approved

Treasurer's Records:

Date Paid: _____

Check No. _____