



4-H Reimbursement Form

Revised 05/17/16



Event: _____

Date: _____

Amount: _____

Explain the specific nature of expense: _____

Club: _____

Name of person requesting reimbursement:

Address

City, State, Zip

Phone

Please tape original receipts to page.

Please allow 2 to 8 weeks to receive your reimbursement. Thank you.

REMINDER:

*The council cannot reimburse any receipts with a mix
Of personal and 4-H Items.*

Receipt must be 4-H Items ONLY.

This is University policy.

Signature: _____

Date: _____

**Form and receipts must be submitted to office
with in 60 days from date of event so they can be forwarded to the Butte 4-H County Council.
Each Event must have a separate Form.
If asking for mileage reimbursement for State event,
It is .35 per mile based on Google map mileage**