

SAN DIEGO COUNTY 4-H COUNCIL
TREASURER REIMBURSEMENT FORM

Date

REQUEST for San Diego COUNTY 4-H COUNCIL FOR _____ (TOTAL)
TO BE DEBITED TO THE _____ ACCOUNT OF THE San Diego
COUNTY 4-H COUNCIL

PLEASE ITEMIZE

Program Year

Please attach all receipts (failure to do so may result in not being reimbursed)

Please describe what the reimbursement was for. (event, fundraiser, awards, etc.)

Was this imbursement preapproved at County Council? If so What Month?

BY _____
4-H YOUTH DEVELOPMENT STAFF