



San Mateo County 4-H Council Expense Reimbursement Request

Expense reimbursement requests may only be made up to 60 days following the purpose of the expense

Name:		Date:	
Address:			
4-H Unit/Club/Committee/Event:			
Description:			

Date of Purchase	Place of Purchase	Amount
Total		

Check Disbursement Information	
Date Received	
Date of Disbursement	
Check Number	

Send completed expense form and legible copy of receipts to:
 Zeva Cho, UCCE 4-H Youth Development Program, 1500 Purisima Creek Road, Half Moon Bay, CA 94019
zfcho@ucanr.edu | <http://ucanr.edu/sites/smsf4h> | 650-276-7422