



La Paz County 4-H Council
Request for Reimbursement

Procedure- Complete this form and attach invoices or receipts. Be sure to indicate the budget account to be charged. Give to the 4-H Council Treasurer or mail to the Extension Office.

Amount Requested \$ _____ **Request Date** _____

Purpose: _____

Requested By: _____

4-H budget the account is to be charged

- ___ Awards and Recognition ___ Office ___ County Events ___ Donations
- ___ Educational Programs ___ Fundraising ___ Travel ___ Camping ___ Horse
- ___ Community Club Grants ___ Master Gardeners ___ Agent Grant ___ Small Stock

Make check payable to: _____

Include mailing address if it needs to be mailed:

FOR TREASURER'S USE ONLY	
Paid by Check Number	_____
Date Paid	_____
Budget Account Charged	_____
	