

REQUEST FOR REIMBURSEMENT

Please check one:

- 4-H Leader and Junior/Youth Leader training education
- Approved 4-H opportunities not granted through the member evaluation process

Name:	
4-H Club:	Phone:
Street Address:	
City/State/Zip:	
Email:	
<i>If a Junior/Youth Leader is requesting reimbursement, the signature of their General Leader or Project Leader is required.</i>	
General/Project Leader: _____ Date: _____	

Type of Training

Title:	
Location:	Date(s):
Purpose:	

Expenses

	Estimated Cost	Actual Cost (submitted for reimbursement)
Mileage:		
Lodging:		
Registration Fees:		
Other (list):		
Other (list):		
TOTAL		

How will this training benefit the Columbia County 4-H Program?

LEADERS' COUNCIL USE ONLY	Date Submitted:
Amount Awarded: \$ _____	Check #: _____ Date: _____
Signature of Leader's Association Treasurer: _____	