

DOOR COUNTY 4-H LEADERS ASSOCIATION**REIMBURSEMENT REQUEST****WHO IS SUBMITTING THIS REQUEST:**

Name: _____

Club (if appropriate): _____

Number to call with questions: _____

WHO SHOULD CHECK BE MADE OUT AND SENT TO:

Individual Name or Club/Group Name: _____

Street Address: _____

City, State, ZIP: _____

**COMMENTS OR SPECIAL INSTRUCTIONS:**

DATE OF PURCHASE	DESCRIPTION AND REASON FOR PURCHASE (IF EVENT BASED, PLEASE LIST)	RECEIPT ATTACHED*	INVOICE ATTACHED*	TOTAL
*IF REQUEST IS FOR MILEAGE, LIST BEGINNING AND ENDING MILEAGE AND TOTAL MILES.			TOTAL REQUEST	

Signature of Submitter: _____ Date: _____

Submit request form with receipts and/or invoices to jhanson@co.door.wi.us or mail to:

Door County 4-H Leaders Association
Extension Office
421 Nebraska Street
Sturgeon Bay, WI 54235

****Note: receipts without this form will not be reimbursed****

You may also bring this form to a Leaders Association meeting and deliver directly to the Leaders Association Treasurer. Checks will be made and signed the 1st Tuesday of every month. Forms and supporting documents can be submitted at least 3 days prior to the 1st Tuesday of the month to be paid that month. If submitted after, or at the Leaders Association meeting, we will try to accommodate requests, but reimbursement is guaranteed by the following meeting.

FOR EXECUTIVE COMMITTEE USE ONLY		
DATE APPROVED:	CHECK NUMBER:	INITIALS OF WHO SIGNED CHECK:
CHECK PICKED UP IN PERSON BY:	CHECK MAILED (DATE AND INITIALS):	COMMENTS: