DOOR COUNTY 4-H LEADERS ASSOCIATION EVENT REIMBURSEMENT REQUEST

| | ING THIS REQUEST: | | | | | |
|--------------------------|---|--|----------------------|---------|----------------------|-------------|
| | e): | | | | ペーク | |
| Number to call wit | h questions: | | | | | |
| | ECK BE MADE OUT AND SENT TO: Club/Group Name: | | | ~ | 5 () | USC 707 |
| Street Address: | | | Ó | | | |
| City, State, ZIP: | | | | | | |
| Name Who Attended Event: | | | M. | | | |
| | UTH WHO ATTENDED EVENT MUST FILL QUEST BEFORE REIMBURSEMENT WILL | | E TO T | HIS RE | IMBURSEME | NT |
| DATE OF PURCHASE | DESCRIPTION AND REASON FOR PURCHASE (I | F EVENT BASED, PLEASE LIST) | RECEIPT ATTACHED* | | INVOICE ATTACHED* | TOTAL |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| *IF REQUEST IS FOR MIL | EAGE, LIST BEGINNING AND ENDING MILEAGE AN | ND TOTAL MILES | | TOTAL | REQUEST | |
| Signature of Subm | itter: | [| Date: | | | |
| Submit request form | n with receipts and/or invoices to: -H Leaders Association ce Street WI 54235 | **Note: There must b attendance) as well as this form before reimb | the e | vent su | ımmary subr | mitted with |

You may also bring form to the 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: | | | |

YOUTH EVENT SUMMARY

This form is to be completed only by the <u>youth</u> who attended.

| Name: |
|---|
| Date of Event: |
| Location of Event: |
| Please write about any activities that you participated in during your experience: |
| Please write about anything you learned during your experience. |
| Would you recommend this event to other 4-H members? If yes, explain why. |
| Would you attend this event in the future? |
| Do you have any pictures you would like to share? We would love to share your experience in future promotions if you would like that. If so, please send pictures to candis.dart@wisc.edu or attach with this form. |