



Union County 4-H Leaders Association Funds/Reimbursement Request



Date: _____

Name: _____

Address: _____

Phone: _____

Check all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Club Leader | <input type="checkbox"/> Competition | <input type="checkbox"/> Mileage (_____ # of miles) |
| <input type="checkbox"/> 4-H Member | <input type="checkbox"/> Club Project/Event | (paid @ state rate) |
| <input type="checkbox"/> Resource Leader | <input type="checkbox"/> Education/Training | <input type="checkbox"/> Lodging |
| <input type="checkbox"/> Other (explain below) | <input type="checkbox"/> Community Service Project | <input type="checkbox"/> Tuition/Registration Fee (include brochure/flyer) |

**All receipts & documentation required*

Explanation: _____

Individual Request or 4-H Club Request

4-H Club Name: _____ Leader: _____

Project/Event Description: _____

Date: _____ Location: _____

Cost: _____ Fundraiser(s) to help with cost: _____

Amount of funds needed: _____ Amount requested: _____

Leader Signature

Member Signature

Office use only

Request Approved Request Denied Amount Granted: _____

Comments: _____

Leaders' Association, President

Date

4-H Agent

Date