Union County 4-H Leaders Association
Funds/Reimbursement Request

Date: ____________________

Name: ____________________________________________________________________________________

Address: __________________________________________________________________________________

__________________________________________________________________________________________

Check all that apply:

☐ Club Leader
☐ 4-H Member
☐ Resource Leader
☐ Other (explain below)

☐ Competition
☐ Club Project/Event
☐ Education/Training
☐ Community Service Project

☐ Mileage (_____ # of miles) (paid @ state rate)
☐ Lodging
☐ 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