



Gonzales County 4-H council

1709 E. Sarah DeWitt Dr.

Gonzales, TX 78629

4-H PAYMENT REQUEST FORM

Date: _____

Person Submitting Request: _____

Name of Member & of Event: _____

Date of Event: _____

Contact Phone Number: _____

Amount Payable: _____

Make check payable to: _____

Payee's address: _____

Payee's City/State/Zip: _____

Attach copies of receipts within 60 days of event.

Use two sheets if necessary.

List Expenses you anticipate getting reimbursement or partial reimbursement for below:

Date	Event	Cost	Reimbursement Amount	Notes
Example 6/30/2022	4-H Leadership Camp	240.00	1/2 – 120.00	See attached receipt

Date received: _____

Signature of Parent/Guardian Requesting Payment or Reimbursement: _____

Signature of Treasurer

Date

Signature of Adult Leader Treasurer

Date