

Williamson County 4-H Adult Leaders Association
2019-2020 Camp/Event Reimbursement Request Form
*Please use one form per 4-H Member/Team and one Event/Camp per form
Type or Print Legibly*

Date of Request: _____

Request submitted by/Payable to: _____

4-H Member who attended the Camp/Event: _____

4-H Member's Club: _____

If request is for a Team please provide 4-H Club, Team Name, and names of each team member:

Camp/Event requesting reimbursement for: _____

Camp Sponsored by: _____

Date(s) of event: _____

Date and name of qualification event: _____

Examples would include District Round-Up, District Fashion Show, etc.

Total registration amount paid _____

A receipt showing the name of the individual registered for the event and the amount paid must be submitted with this request

Was any portion of the registration paid by another 4-H club/group? _____yes _____no

This could include sponsorship by a 4-H club/group, club reimbursement of partial or all fees, etc.

If yes, please provide the amount paid/already reimbursed _____

For ALA use only

Request received date: _____

Request Granted: _____ Request Denied: _____

Signature: _____

Budget Account: _____ Check payable to: _____

Date: _____ Check#: _____ Total Paid: _____