

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: \_\_\_\_\_