**Outagamie County**

**4-H Leaders Association, Inc.**

3365 W Brewster Street, Appleton, WI 54914

**Reimbursement Request for Committees**

**or**

**Restricted Funds Request**

Name of Person Filling out Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone

Check one: 4-H Committee:

Restricted Fund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of 4-H Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Materials/Supplies/Services used by Committee OR What are the Restricted Funds being used for:

**(you must itemize expenses and attach receipts)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Amount being requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make check payable to:

Send to:

Complete Address:

*Reimbursement will be based upon funds available within the Outagamie County 4-H Leaders Association budget.* ***All requests must be made before December 31 of that year.***

For Office Use only:

Date Received: \_\_\_\_\_\_\_\_\_

Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit this form with receipt(s) to:

Outagamie County UW-Extension Office

ATTN: 4-H Leaders Association

3365 W. Brewster Street

Appleton, WI 54914