

## 4-H COUNCIL REQUEST FOR EXPENSE REIMBURSEMENT

NAME: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Event/committee/activity: \_\_\_\_\_

Purpose of purchase: \_\_\_\_\_

*Original detailed receipts must be submitted with this expense claim and itemized below. Please tape receipts to a sheet of paper.*

DATE OF PURCHASE	VENDOR NAME	ITEM(S) PURCHASED	AMOUNT
		TOTAL AMOUNT REQUESTED:	\$

I certify that the above is a true statement of the expenses incurred by me in accordance with the University of California policy. All items claimed were related to official business of the California 4-H Youth Development Program.

\_\_\_\_\_  
*Signature, person submitting claim* *Date*

\_\_\_\_\_  
*Council Treasurer Approval* *Date*

Date Paid: \_\_\_\_\_ Check No.: \_\_\_\_\_

Account to be charged: \_\_\_\_\_