



Reimbursement/Check Request Form

Please submit reimbursement request & receipts to the St. Croix Co. 4-H Leader Association Treasurer no more than 30 days after the purchase.

Committee/Club/Person Requesting: _____

Reason for Request: _____

Date of Purchase: _____ Date of Request: _____

Make check payable to: _____

Address: _____ Phone number: _____ Email address: _____

Mail check

Give check to requester

EXPENSES:

Description	Amount	Receipt Attached?
Total Amount:		

Required Signature(s): _____

For LA Use:

Date Approved: _____ Check #: _____

Budget Line: _____