

Date of Request _____

List expenses to be approved by Leaders' Council

AMOUNT

These expenses were approved at the (Date) _____ Leaders Council Meeting.
Authorization should be shown in the Councils meeting minutes.

Signature of approving officer _____

REQUEST FOR REIMBURSEMENT

From the Clallam County 4H Leaders Council
(To be completed **after** event occurs.)

To be completed by Person Requesting Reimbursement:

Date Submitted: _____

Make check payable to: _____

Total amount of reimbursement: _____

Supporting document attached:

- Receipt
- Signed statement (to be a written note with all pertinent information & signed by the person requesting reimbursement)

To be completed by Leaders Council Treasurer:

Reimbursement is/was authorized at the: (DATE) _____

Leaders Council Meeting. Authorization should be shown in the Councils meeting minutes.

Date paid: _____

Initials of President: _____

Check number: _____

Which account? _____

Description: _____