

Clallam County 4-H Council
223 E 4th St, STE 15
Port Angeles, WA 98362
Phone: 360-417-2398



Clallam County



WASHINGTON STATE UNIVERSITY
EXTENSION

Request for Reimbursement from Clallam County 4-H Council

This form can be turned into the 4-H Coordinator or a member of the Clallam 4-H Council Executive Committee at the extension office in person or by mail, or as an attachment via email or text.

This section is completed by person requesting reimbursement prior to purchase

Reimbursements need to be approved by Council prior to their purchase except for clubs who hold their funds in Council's account.

Date of Council meeting when expenses were approved: _____
Authorizations should be shown in Council's meeting minutes.

List of Expenses to be approved by Council	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____

This section is completed by person requesting reimbursement after event occurs

This is the only section required from club members looking for reimbursement when their club holds funds with Council.

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 person requesting reimbursement)

This section is completed by Council Treasurer

Date paid: _____ Initials of President: _____

Check number: _____ Which account: _____

Description: _____