**Jefferson County 4-H Council**

**Requests and Reimbursements for**

**4-H Club/Group or Project Expenses**

Name of 4-H Club/Group or Project (as it will appear on check):

Name and Address of Person/Club/Group to be Reimbursed:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Expense Description** | **Reason for Expense** | **Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total** |  |

*I do hereby certify under penalty of perjury that the materials have been furnished, the services rendered, and/or the labor performed as described herein and that the claim is a just due and unpaid obligation against Jefferson County 4-H Council and that I am authorized to authenticate and certify said claim.*

*Signed:*

4-H Club/Group Treasurer: Date:

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

4-H Club/Group Leader: Date:

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

**PLEASE ATTACH ORIGINAL INVOICES and/or RECEIPTS**

Please submit to:

Jefferson County 4-H Council

Treasurer

c/o 121 Oak Bay Rd.

Port Hadlock, WA 98339

*To be completed by Jefferson County 4-H Council Treasurer:*

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

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