



Outagamie County 4-H Leaders Association, Inc.

3365 W Brewster Street, Appleton, WI 54914

Reimbursement Request for Committees or Restricted Funds Request

Name of Person Filling out Form: _____ Phone _____

Check one: 4-H Committee: _____

Restricted Fund/Other: _____

Name of 4-H Event: _____ Date _____

Materials/Supplies/Services used by Committee OR What are the Restricted Funds being used for:
(you must itemize expenses and attach receipts)

Total Amount being requested: \$ _____

Make check payable to: _____

Send to: _____

Complete Address: _____

*Reimbursement will be based upon funds available within the Outagamie County 4-H Leaders Association budget. **All requests must be made before December 31 of that year.***

Please submit this form with receipt(s) to:

Extension Outagamie County
ATTN: 4-H Leaders Association
3365 W. Brewster Street
Appleton, WI 54914



For Office Use only:
Date Received: _____
Check # _____
Date _____