

**EXPENSE REIMBURSEMENT FORM  
WAUKESHA COUNTY 4-H LEADER'S ASSOCIATION  
FUND FOR 4-H EDUCATION**

Committees, program coordinators, resource/key leaders, or any other 4-H event or activity should use this form to submit all expenses incurred. Complete the entire form and staple receipts to the back; submit to the committee or activity chairperson for approval. Please submit this form to the **Extension Office Attn: Finance Committee 515 W. Moreland Blvd., AC G-22, Waukesha, WI 53188**. This form must be approved, signed and dated by Committee Chairperson. Please allow 45 days for reimbursement.

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

TOTAL AMOUNT TO BE REIMBURSED: \$ \_\_\_\_\_

MAKE CHECK PAYABLE TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

EXPLANATION OF AMOUNT OF REIMBURSEMENT: \_\_\_\_\_

\_\_\_\_\_

BRIEF BUT EXPLICIT EXPLANATION OF DISBURSEMENT MUST BE FILLED IN ABOVE

REQUEST SUBMITTED BY: NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

COMMITTEE APPROVAL (Chairperson Complete the following):

COMMITTEE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ APPROVED BY \_\_\_\_\_

All one time expenditures for more than \$100, and not budgeted, need to be pre-approved. Pre-approval is not needed for justified expenditures under \$100. A justified expenditure is defined as a proper and reasonable out of pocket, expenditure for materials and supplies needed to support the effective functioning of the county 4-H program. All Budget Requests must be submitted to the Finance Committee for review.

**POLICY STATEMENT FOR WAUKESHA COUNTY 4-H VOLUNTEER COMPENSATION**

***The Waukesha County 4-H Leaders' Association is an all volunteer organization supporting the 4-H youth program in the county. The Leaders' Association does not compensate its members and or leaders for time or services rendered. Volunteers can only be reimbursed for out-of-pocket expenses incurred while conducting a program or activity approved by the county 4-H program. Waukesha County 4-H Leaders' Association will not pay for building rental fees for project meetings. Request for reimbursements of expenditures on a Club level will not be accepted.***

**FOR TREASURER'S USE ONLY:**

Acct No. \_\_\_\_\_ Check Number: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Initial: \_\_\_\_\_