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. The form must be approved, signed and dated. 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 NAME: ______________________ | DATE: ______________________ |
| ACCOUNT NUMBER: ______________________ | APPROVED BY: ______________________ |

COMMITTEE APPROVAL-(Chairperson Complete the following):

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: ___________

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