

_____ County Cooperative Extension

Reimbursement/Payment Request Form

Expenses to be paid by:

- ☐ Extension District Board
- ☐ County 4-H Council
- ☐ County FCS Council
- ☐ County ANR Council
- ☐ Other—specify: _____

Submitted by: _____ / _____
Extension staff member/volunteer Date



Make check payable to: Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Items Purchased:

Date of Purchase	Item Purchased	Where Purchased	Purpose/Description	Fund Name: Club; name of grant, etc.	Budget Line Item to which this expense is charged	Amount:
Total						

[] Original receipts are attached. (A copy of a receipt is NOT acceptable.)

Method of payment:

- [] I paid for the items with my personal funds. I request reimbursement for the same amount.
- [] I am submitting this expense on behalf of the person who paid for it and to whom reimbursement is requested.
- [] Items were charged at the business. The invoice is attached and the business needs to be paid.
- [] Items were charged at the business. The business will send a bill and the bill needs to be paid.
- [] Items were purchased with the Extension credit card.
- [] Other, explain: _____

Delivery:

- [] Mail to address
- [] Return to me for delivery
- [] Other: _____

_____/_____
Signature of person submitting form Date

_____/_____
Signature of associated Extension agent Date

_____/_____
Authorization by treasurer Date