

Wood County 4-H Reimbursement Voucher

Name: _____

Address: _____

Telephone: _____ 4-H Club: _____

I am requesting reimbursement for an activity budgeted by the Wood County 4-H Leaders Association, Inc.

The activity was _____ on _____
(date)

My role at this activity was as a _____

Amount requested: _____

Description of reimbursement:

Please attach any receipts or invoices with this form

Date: _____ Signed: _____

Mail to: Extension Wood County Office, PO Box 8095, Wisconsin Rapids WI 54495
within 30 days of event. The Executive Board will determine amount of payment, if any, at a bi-monthly board meeting.