

San Carlos Eaton Hills 4-H Club

Expense Authorization and Reimbursement Form

Date of Request: ___/___/___

Details of Request (What was purchased, What was it purchased for) Please attach receipt(s):

Amount to be reimbursed: \$ _____

Request/Purchase Authorized by: _____

Make check payable to: _____

Address: _____ City: _____ Zip: _____

Date of reimbursement: ___/___/___ General Account ___ Farm Account ___

Method of reimbursement: Check Number: _____ Cash: _____