



# REQUEST FOR 4-H EXPENSE REIMBURSEMENT

Name: \_\_\_\_\_ Staff  Youth  Volunteer  Guest  Date: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Purpose of Purchase: \_\_\_\_\_

Original, detailed receipts must be submitted with this claim and itemized below. Receipts must be taped to an 8½" x 11" sheet of paper. Refer to your project leader for clarification regarding allowable business expenses specific to this purchase.

DATE OF PURCHASE	VENDOR NAME	ITEM(S) PURCHASED FOR	AMOUNT

I certify that the above is a true statement of the expenses incurred by me in accordance with University of California policy. All items claimed were related to official business of the California 4-H Youth Development Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
State 4-H Office Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account to be Charged