

# SUPPLIES EXPENSE REIMBURSEMENT FORM

*Please issue check payable to:*

Name	
Address	

Date Submitted: \_\_\_\_\_ Date of Event: \_\_\_\_\_  
 Submitted by: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

\_\_\_\_ Supplies

What event were the supplies used for? \_\_\_\_\_

When was the event held? \_\_\_\_\_

Did you receive approval prior to purchase? \_\_\_\_\_

Item	Store/Person	Cost
<i>Ex: 4-H Stickers</i>	<i>Shop 4-H.com</i>	\$ 9.99
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>Total Reimbursement Requested</b>		<b>\$</b>

Committee or Account to be billed: \_\_\_\_\_

**ALL REQUESTS MUST HAVE A COPY OF THE RECEIPT(S)  
 AND  
 BE SUBMITTED TO THE: GRANT CO. LEADERS ASSOCIATION TREASURER,  
 (916 E ELM ST, SUITE A, LANCASTER, WI 53813),  
 WITHIN THREE MONTHS**

*Office Use Only*

Budget Line: \_\_\_\_\_