

Cabarrus County 4-H Reimbursement Form

Name of Cabarrus County 4-H'er: _____

Reimbursement Requested for:

Name of 4-H project or event	Description of expense	Date of expense	Amount

Total Amount Requested for Reimbursement \$ _____

Check should be made payable to _____
and mailed to _____

(Please attach appropriate receipts to an 8 ½ x 11 sheet taped on all sides.)

For 4-H office use only:

Date form received _____

4-H Credit Beginning Balance _____

4-H Credit Ending Balance _____

I certify that the information/expenses in the request are correct.

Tracy LeCompte
4-H Extension Agent