



4-H SUMMER CAMP TEAM REIMBURSEMENT FORM

Camp Year _____ Team # _____

Name _____

Expenses requested for reimbursements must be given to the Camp Committee Treasurer no later than July 12, 2014. One check per person will be disbursed for all items listed below. **MAX TEAM REIMBURSEMENT \$150.00**

<u>EXPENSE DESCRIPTION</u>	<u>AMOUNT</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	TOTAL \$ _____

Please make check payable to: _____

I, _____ understand, hereby accept full responsibility for reimbursing all team expenses detailed above to the appropriate individuals who incurred the expenses.

Print Name: _____ Signed Name: _____ Date: _____

The form must be received to the Camp Committee Treasurer no later than Saturday, July 12, 2014. Mail form/receipts to: Mary Lash 9497 East Foster Rd., Downey, CA 90242

Send check to: _____