



**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 23, 2017. 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 23, 2017. Mail form/receipts to: Mary Lash 9497 East Foster Rd., Downey, CA 90242

Send check to: \_\_\_\_\_