4-H SUMMER CAMP RESOURCE PERSON REIMBURSEMENT FORM

Camp Year _____

Name _____

Expenses requested for reimbursements must be given to the Camp Committee Treasurer no later than July 27, 2019. One check per person will be disbursed for all items listed below. MAX REIMBURSEMENT $150.00

EXPENSE DESCRIPTION	AMOUNT
	$ _____
	$ _____
	$ _____
	$ _____
	$ _____
	$ _____
	$ _____
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 27, 2019. Mail form/receipts to: Mary Lash 9497 East Foster Rd., Downey, CA 90242

Send check to: _____