



**4-H SUMMER CAMP
HEAD/YOUTH ADULT DIRECTOR
REIMBURSEMENT FORM**

Camp Year 2019

Name _____

Expenses requested for reimbursements must be given to the Camp Committee Treasurer no later than July 22, 2019. One check per person will be disbursed for all items listed below.

<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 July 22, 2019.

Mail Completed Form & Receipts (Please staple receipts to front right top corner and write your name on the receipt – include a self-addressed envelope if possible)

Mary Lash
9497 E. Foster Road
Downey, CA 90242
Tel: (562) 803-4587

Send check to: _____