



4-H SUMMER CAMP REIMBURSEMENT FORM

Camp Year 2019 Team # _____

Name _____

Expenses requested for reimbursements must be given to the Camp Committee Treasurer (Mary Lash) no later than Friday, July 22, 2019. Attach all receipts (Original or copy)
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: _____

Send check to: _____

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
4-H Summer Camp Treasurer
9497 E. Foster Rd.
Downey, CA 90242**