

Cabarrus County 4-H
Reimbursement Form

Name _____

Reimbursement Request For _____
(County, District, State, Regional and National events, etc.)

Location _____ Date(s) _____

Placement(s) in a competition

Amount Requested for Reimbursement \$ _____

Check should be made payable to _____
and mailed to _____

(Please attach appropriate receipts to an 8 ½ x 11 sheet taped on all sides.)

For 4-H office use only:

Date form received _____

Scholarship money earned _____

Date reimbursements submitted _____

I certify that the information/expenses in the request are correct.

Heather Jones
4-H Extension Agent