



IOWA STATE UNIVERSITY
Extension and Outreach

Voucher Number (office use only): _____

4-H Club Voucher (Request for Reimbursement)

*Please fill out ONE FORM for each person who needs a reimbursement

4-H Club Name: _____ Date: _____

Payee Name: _____

Address: _____

City, State, Zip: _____

Please circle how would you like to receive your reimbursement. Pick up Check Mail Check

Vendor Name/Invoice #/Date (name on invoice or receipt)	Item(s) Description	Club Purpose	Amount

Total: _____

*In order to pay the above amount, we MUST HAVE all receipts or an invoice.

Club Treasurer Signature: _____

Club Leader Signature: _____

County Staff Signature: _____

OFFICE USE ONLY: Staff keep original copy for Extension Records, make 1 copy for Club Records, and 1 copy for Office Club folder.