**Adams County 4-H Leaders Association Monetary Request/Reimbursement/Payment**

**Pre Authorization**

Leader/Committee Member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Committee Chair Approval\_\_\_\_

Event/Activity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Activity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Estimated Cost\_\_\_\_\_\_\_\_\_

Approved\_\_\_\_\_\_\_ Denied\_\_\_\_\_\_\_\_ Budgeted\_\_\_\_\_\_\_\_\_ Non-Budgeted\_\_\_\_\_\_\_\_

**Fill out after event (within 30 days of event)**

Total Reimbursement/Payment Amount (must attach all receipts) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Payable To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Submitter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Executive Board Use Only –** Please initial and mark an **A** for Accepting and an **N** for Denial

President \_\_\_\_\_\_\_\_ Vice President \_\_\_\_\_\_\_\_\_ Secretary \_\_\_\_\_\_\_\_ Treasurer\_\_\_\_\_\_\_\_\_

Director \_\_\_\_\_\_ Director \_\_\_\_\_\_ Director \_\_\_\_\_\_ Director \_\_\_\_\_\_ Director \_\_\_\_\_­­\_

Date Paid\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Budgeted Non-Budgeted

S:/4-H Leaders Association/Monetary Request