

Adams County 4-H Leaders Association **Budgeted**  
Monetary Request/Reimbursement/Payment  
Detailed receipts must be attached.

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

Date of event/activity: \_\_\_\_\_

Committee Budget : \_\_\_\_\_

Approved by Committee minutes: Yes or No

Total Cost/Reimbursement: \_\_\_\_\_

Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Adams County 4-H Leaders Association **Non-Budgeted**  
Monetary Request/Reimbursement/Payment  
Route to Association & then to appropriate Committee  
Detailed receipts must be attached.

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

Cost/Budget Acct: \_\_\_\_\_

Motion by Association/Date: Attach minutes \_\_\_\_\_

Motion by Committee/Date: Attach minutes \_\_\_\_\_