

Kewaunee County Leader's Trip Special Funding Requests

Project/Committee/Club (if applicable): _____

Main Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Names of youth going on the trip: _____

Names of additional chaperones/coaches as required: _____

Trip Details

Reason for Trip: _____

Destination: _____

Dates of the trip (including travel days): _____

Mode of transportation to event: _____

Funding

Please list any other sources of funding that you will be receiving: _____

Did you/the group do any fundraising for this activity: Yes or No

How much did you raise: \$ _____

If no, why not: _____

Estimated costs of the trip that may be reimbursable	Projected Expense(s)
Travel	
Lodging	
Food	
Entry/ Registration Fees	
	Estimated Total Amount:

Please send completed form to:

Extension Kewaunee County

4-H Office

625 Third St.

Luxemburg, WI 54217

Updated 12.2024

Adult Association/Board Use Only: Approved Reimbursement (Up to the listed amounts may be reimbursed OR 75% of total cost of trip maximum) Date Approved: _____

Travel (100%): \$ _____ Lodging (80%): \$ _____ Food (50%): \$ _____ Entry/ Registration Fees: (100%): \$ _____

Total Approved Reimbursement: \$ _____