**Request for Reimbursement
For supplies purchased by club Leader or volunteer**

**Sedgwick County 4-H Club**

**Payee Information:
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reimburse Policy:**

1. Include original receipts or copies of original receipts.
2. Purchases must be made within the last 60 days.
3. The receipt total must equal the requested reimbursement amount.
4. Personal items cannot be purchased on the same receipt.
5. Receipts must be made in the name of the volunteer.
6. Receipt cannot exceed the pre-approved amount.

Detailed Description Required:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Line #** | **Purchase Date** | **Receipt #** | **Vendor** | **Description** | **Amount** |
| #1. |  |  |  |  |  |
| #2. |  |  |  |  |  |
| #3. |  |  |  |  |  |
| #4. |  |  |  |  |  |
| #5. |  |  |  |  |  |
| **Total to be reimbursed:** |  |
| **Approved by:** |  |