

**Trempealeau County 4-H Funding Request/Reimbursement Form**

Name \_\_\_\_\_ Club \_\_\_\_\_ Years in 4-H \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name of Trip/Activity \_\_\_\_\_ Dates of Trip/Activity (include travel) \_\_\_\_\_

**Participation in this Trip/Activity:** (Please check the category that best describes your selection process)

I chose to participate     I applied and was selected by \_\_\_\_\_     I qualified by \_\_\_\_\_

<u>Activity Information</u>	<u>Amount (\$) of Activity</u>	<u>Amount Requested</u>
-----------------------------	--------------------------------	-------------------------

Registration Fee(s)	_____	_____
---------------------	-------	-------

Additional Activity Costs:	_____	_____
----------------------------	-------	-------

(Lodging & Meals reimbursable at current WI per diem rates & outside of covered program costs, etc)

\*Please list which additional activity cost(s) you are requesting funds for and the amount separate on the line above.

\*\*Project Leaders: If you are seeking reimbursement, Proof of Purchase must accompany this request.

**Total** \_\_\_\_\_

**Additional Funding**

Have you requested or received funding from other sources (4-H club, other clubs, service organizations, scholarships, fundraisers, etc.) for this trip/activity? If so, please list source(s) and place total amount received in the line below.

<u>Source(s)</u>	<u>Amount (\$)</u>
_____	_____

**Please describe your role/involvement in this Trip/Activity. Attach an Agenda or Program if possible.**

\_\_\_\_\_  
\_\_\_\_\_

**Please describe how your 4-H Club, Community and County will benefit from your participation in this trip/activity. (You may use the back of this sheet if needed)**

\_\_\_\_\_  
\_\_\_\_\_

**Youth Signature:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_

*Please note: If you have a special financial need that you believe the committee should be aware of, attach a sheet to describe.*

**Club Leader Complete: Is applicant in good club standing regarding attendance and participation?**

Yes     No    **Club Leader Signature** \_\_\_\_\_

**Wisconsin State Fair Participation Reimbursement:**

*The 4-H Executive Board has changed the policy to provide funding for individuals and groups that perform, work, or exhibit at the Wisconsin State Fair. Each participant will be reimbursed \$25.00 per activity they participated in. This portion is to be completed and submitted by the Club's General Leader to receive reimbursement.*

Individual Participant:

Exhibitor     Action Centers or Demonstrations     Other

Participant x \$25.00 = \_\_\_\_\_ Total

Group Participants:

Musical     Drama     Other

# of participants that performed x \$25.00 = \_\_\_\_\_ Total

(Please attach a list of names of the individuals that participated)

Leader's Board Use: Received on \_\_\_\_\_ \$ \_\_\_\_\_ Approved on \_\_\_\_\_

Paid On: \_\_\_\_\_ Check # \_\_\_\_\_