

Trempealeau County 4-H Funding Request/Reimbursement Form

Name: _____ Club: _____ Years in 4-H: _____
Address: _____ City: _____ Zip: _____ Phone: _____
Email Address: _____

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 _____

Activity Information

Amount (\$) of Activity Amount Requested

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.

Source(s) Amount (\$)

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 # _____