

**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 \$50.00 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 \$50.00 = \_\_\_\_ TOTAL

Group Participants:  
\_\_\_\_ Musical      \_\_\_\_ Drama      \_\_\_\_ Other  
\_\_\_\_ # of participants that performed x \$50.00 = \_\_\_\_ TOTAL

Please attach a list of names of the individuals that participated.

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

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