Green Bay Area Public Scho	ools	EVENT REIMBUR	RSEME	NT REC	QUEST
WHO IS SUBMITTING THIS R					* * * * * * * * * *
					18 USC 707
Club (if appropriate):					
Number to call with questions WHO SHOULD CHECK BE MA Individual Name or Club/Grou	DE OUT AND SENT				The Court of the C
Street Address:					
City, State, ZIP:					
Name Who Attended Event:					
		UST FILL OUT THE SUMMARY PAG WILL BE COMPLETED.	GE TO THIS R	REIMBURSEM	IENT
				i e	

Signature of Submitter:	Date:

Brown County 4-H Leaders Association 2019 Technology Way, Room#113 Green Bay, WI 54311 Bc4hleaderstreasurer@gmail.com

Submit request form with receipts and/or invoices to: **Note: There must be a receipt (or other proof of attendance) as well as the event summary submitted with this form before reimbursement will be processed.**

You may also bring form to or get from at Leaders Association meetings and deliver directly to the Leaders Association Treasurer. Checks will be made and signed the 1st Tuesday of every month. Forms and supporting documents can be submitted at least 3 days prior to the 1st Tuesday of the month to be paid that month. If submitted after, or at the Leaders Association meeting, we will try to accommodate requests, but reimbursement is guaranteed by the following meeting.

FOR EXECUTIVE COMMITTEE USE ONLY					
DATE APPROVED:	CHECK NUMBER:	INITIALS OF WHO SIGNED CHECK:			
CHECK PICKED UP IN PERSON BY:	CHECK MAILED (DATE AND INITIALS):	COMMENTS:			

BROWN COUNTY SUMMER CAMP YOUTH SUMMARY

Front side of form is to be filled out by the youth who attended.	
Youths Name:	
Date and Name of the Event:	
Please write about any activities that you participated in during your experience:	
Please write about anything you learned during your experience:	
Would you recommend this event to other 4-H members? If yes, explain why.	
Would you attend this event in the future?	
Do you have any pictures you would like to share? We would love to share your experience in j promotions if you would like that. If so, please send pictures to 4h@browncountywi.gov or attach wi	th this form.
The above listed youth has given a presentation to regarding their experience at the above listed Brown County Summer Camp. Please reimburse them \$2 registration fee after they complete and submit both sides of this form.	_4-H Club 5 dollars of th
Signed:Date:	-

Club Leaders Name Printed: