

# YOUTH SUMMARY

*This form is to be filled out by the youth who attended only.*

**Name:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_

**Location of 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 future promotions if you would like that. If so, please send pictures to [4h@browncountywi.gov](mailto:4h@browncountywi.gov) or attach with this form.

**BROWN COUNTY 4-H  
LEADERS ASSOCIATION**

**EVENT REIMBURSEMENT REQUEST**

**WHO IS SUBMITTING THIS REQUEST:**

Name: \_\_\_\_\_

Club (if appropriate): \_\_\_\_\_

Number to call with questions: \_\_\_\_\_



**WHO SHOULD CHECK BE MADE OUT AND SENT TO:**

Individual Name or Club/Group Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Youth Name Who Attended Event: \_\_\_\_\_



**PLEASE NOTE: YOUTH WHO ATTENDED EVENT MUST FILL OUT THE SUMMARY PAGE TO THIS REIMBURSEMENT REQUEST BEFORE REIMBURSEMENT WILL BE COMPLETED.**

DATE OF PURCHASE	DESCRIPTION OF EVENT (DATE, LOCATION)	RECEIPT ATTACHED*	INVOICE ATTACHED*	TOTAL
*IF REQUEST IS FOR MILEAGE, LIST BEGINNING AND ENDING MILEAGE AND TOTAL MILES. RATE IS STANDARD IRS			TOTAL REQUEST	

Signature of Submitter: \_\_\_\_\_ Date: \_\_\_\_\_

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.\*\***  
 Brown County 4-H Leaders Association  
 2019 Technology Way, Room#113  
 Green Bay, WI 54311  
[Bc4hleaderstreasurer@gmail.com](mailto:Bc4hleaderstreasurer@gmail.com)

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 1<sup>st</sup> Tuesday of every month. Forms and supporting documents can be submitted at least 3 days prior to the 1<sup>st</sup> 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: