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 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.

<table>
<thead>
<tr>
<th>DATE OF PURCHASE</th>
<th>DESCRIPTION OF EVENT (DATE, LOCATION)</th>
<th>RECEIPT ATTACHED*</th>
<th>INVOICE ATTACHED*</th>
<th>TOTAL</th>
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*IF REQUEST IS FOR MILEAGE, LIST BEGINNING AND ENDING MILEAGE AND TOTAL MILES. RATE IS 0.50/MILE.  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
Bc4chieaderstreasurer@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 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

<table>
<thead>
<tr>
<th>DATE APPROVED:</th>
<th>CHECK NUMBER:</th>
<th>INITIALS OF WHO SIGNED CHECK:</th>
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<tr>
<th>CHECK PICKED UP IN PERSON BY:</th>
<th>CHECK MAILED (DATE AND INITIALS):</th>
<th>COMMENTS:</th>
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