

## 4-H Club Individual Reimbursement Form

has purchased items or services out of their			
own personal funds, for use by	our 4-H Club/Organization and	is approved t	o receive
reimbursement in the amount is	ndicated below. (Original itemiz	zed receipts n	nust be
attached to this voucher)			
Name(s) -Requires two non- related signatures	4-H Club/Organization	Amount	Date Verified
I hereby certify that the expenses listed above were incurred by me and are necessary and appropriate expenditures of the University. By my signature, I acknowledge that the goods purchased become the property of 4-H and Virginia Tech.			
Signature		Date	
Address where payment should be mailed:			

www.ext.vt.edu

Produced by Virginia Cooperative Extension, Virginia Tech, 2020

Virginia Cooperative Extension programs and employment are open to all, regardless of age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, genetic information, veteran status, or any other basis protected by law. An equal opportunity/affirmative action employer. Issued in furtherance of Cooperative Extension work, Virginia Polytechnic Institute and State University, Virginia State University, and the U.S. Department of Agriculture cooperating. Edwin J. Jones, Director, Virginia Cooperative Extension, Virginia Tech, Blacksburg; M. Ray McKinnie, Administrator, 1890 Extension Program, Virginia State University, Petersburg.