



## San Mateo County 4-H Council Expense Reimbursement Request

Expense reimbursement requests may only be made up to 60 days following the purpose of the expense

<b>Name/Payable To</b>	Date	
<b>Address</b>		
<b>Club/Committee/Event</b>		
<b>Description</b>		
<b>Date of Purchase</b>	<b>Place of Purchase</b>	<b>Amount</b>
<b>Total</b>		

**Send to:**

UCCE 4-H YDP  
 80 Stone Pine Rd. Ste. #100  
 Half Moon Bay, CA 94019  
 (650) 726-9059 ext. 106  
 FAX: (650) 726-9267  
[jguild@ucanr.edu](mailto:jguild@ucanr.edu)

**Checklist:**

- Completed Form
- Legible copy of receipts

Check Disbursement Information	
Date Received	_____
Date of Disbursement	_____
Check Number	_____