



SGV 4-H FAIR REIMBURSEMENT FORM

Fair Year _____ Department Name _____

Name _____

Expenses requested for reimbursements must be given to the SGV 4-H Fair Committee Treasurer no later than May 8, 2017, or hand-delivered to the May 18 the next SGV 4-H Fair Committee Meeting. One check per person will be disbursed for all items listed below.

<u>EXPENSE DESCRIPTION</u>	<u>AMOUNT</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

Please make check payable to: _____

I, _____ understand, hereby accept full responsibility for reimbursing all fair expenses detailed above to the appropriate individuals who incurred the expenses.

Print Name: _____ Signed Name: _____ Date: _____

The form must be postmarked by 5/8/17 to the SGV 4-H Fair Committee Treasurer or received on Thursday, May 18, 2017 at the May Fair Committee Meeting. <Mail to: Mary Lash 9497 East Foster Road, Downey, CA 90242

Send check to: _____