San Gabriel Valley 4-H Fair
Reimbursement Request Form
(Request for Payment of Bill)

Step 1. To be filled in by Requestor

Requested By: _____
  Name (Print Clearly)

  _____
  Address

  _____
  City   Zip Code

  _____   _____
  Phone   Email

Amount: _____   _____
  Total Amount   Signature

Description: _____

  _____

*** Attach bill or receipt (Photo copy or tape to 8 ½ x 11 size paper.

If different from the request name and address above, the check should be issued in the name of: _____

and mailed to _____
  address   City   Zip Code

Step 2- To be filled in by Event Chair/Officer/Committee Chairperson

Authorized by Budget: _____
  Program Area

Budgeted Amount: _____
  Total Amount

Name: _____-Signature: _____

Step 3- As presented to Fair Treasurer
Date Bill Paid: _____   **Check #_____ $ Amount:** _____

Submit Reimbursement Requests to the Fair Treasurer:
Mary Lash   9497 Foster Rd, Downey, CA 90242
       (marylash@verizon.net)