

4-H EXPENSE FORM

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Event \_\_\_\_\_ # of Participants \_\_\_\_\_

Cash Received Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Expenditures:

Food	Amount	Date	Receipt #	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Food	_____			
Fuel				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Fuel	_____			
Registration				
_____	_____	_____	_____	_____
Other (Specify)				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Other	_____			
Total Expenditures	_____			
Cash Returned	_____	_____		
Amount to be Reimbursed	_____	_____		

Comments: \_\_\_\_\_

Please attach your receipts and a check for any amount returned to this form and mail to the 4-H Council Treasurer.  
DO NOT SEND CASH OR COIN THROUGH THE MAIL!