

_____ County Cooperative Extension

Reimbursement/Payment Request Form

Expenses to be paid by:

- Extension District Board
- County 4-H Council
- County FCS Council
- County ANR Council
- Other—specify: _____

Submitted by: _____ / _____
 Extension staff member/volunteer Date



University of Kentucky
 College of Agriculture,
 Food and Environment
 Cooperative Extension Service

Make check payable to: **Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Items Purchased:

Date of Purchase	Item Purchased	Where Purchased	Purpose/Description	Fund Name: Club; name of grant, etc.	Budget Line Item to which this expense is charged	Amount:
Total						

Original receipts are attached. (A copy of a receipt is NOT acceptable.)

Method of payment:

- I paid for the items with my personal funds. I request reimbursement for the same amount.
- I am submitting this expense on behalf of the person who paid for it and to whom reimbursement is requested.
- Items were charged at the business. The invoice is attached and the business needs to be paid.
- Items were charged at the business. The business will send a bill and the bill needs to be paid.
- Items were purchased with the Extension credit card.
- Other, explain: _____

Delivery:

- Mail to address
- Return to me for delivery
- Other: _____

_____/_____
Signature of person submitting form Date

_____/_____
 Signature of associated Extension agent Date

_____/_____
 Authorization by treasurer Date