



4-H Certified Adult Leader Event
 Funding Request
 Barron County 4-H



Important: Only adults who have completed youth protection training and are currently enrolled leaders on 4H Online are eligible for Certified Adult Leader reimbursement.

Name: _____

Phone: _____ Email: _____

Address: _____ City: _____ Zip: _____

4-H Club: _____ Date: _____

4-H Event & date of event: _____

Funding requested: _____ Funding received this year: _____

(Circle Y or N)

Have you completed the county youth protection training? Y N

Are you currently enrolled on 4H Online? Y N

Did you include all contact information above? Y N

Did you attach necessary receipts or documentation for funding requests? Y N

How many youth from Barron County participated in this event? ____

How many youth were you responsible for? ____

Please **list** names of the youth: _____

What were your responsibilities as an adult leader at this event?

How did you contribute to youth participation, involvement, and education at this event?

Funding Requested

Must attach receipts or provide documentation for mileage!

REGISTRATION FEES.....\$ _____

LODGING

Example-do not write in this box

Cost of Room \$82.45_ (multiply) number of nights 2 = \$164.90_ (divided) number of total 4-H Youth & Certified 4-H Adult Leaders in room 3\$55.00_ (Amount you receive)

Cost of Room \$ _____ (multiple) number of nights _____ = \$ _____ (divided) number of total 4-H Youth & Certified 4-H Adult Leaders in room _____=\$ _____ (Amount you receive)

Cost of transportation (transportation in personal vehicle/ gas. Provide documentation):
Mileage _____ x \$0.20 per mile ==\$ _____

Other expenses such as parking fee, etc. required for participation in event: (list below)

..... \$ _____

Note: Food/Meals are not a reimbursable expense.

TOTAL EXPENSES: \$

Reimbursement Amount Requested: (\$150 Max).....\$

Turn in this form and your receipts to the UW-Extension office to request reimbursement of your expenses. Adult 4-H leaders do not need to attend a 4-H Council meeting to request reimbursement. Expenses without receipts or documentation will be denied.

For office use only: Approved: Y N

Amount of funding: \$ _____

Reason if not approved: _____

Signature of Council Member:

_____ Date: _____

Check No. _____