



**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 1/2 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)**