



4-H Parent Reimbursement Request Form



Date Turned In: _____

Child's name: _____ Parent/Guardian's name: _____

Please select which event your reimbursement request is regarding:

- District 10 Contests Date(s) Attended: _____
- State Dog Show Date(s) Attended: _____
- State Horse Show Date(s) Attended: _____
- State Roundup Date(s) Attended: _____
- Shooting Sports
 -Coaches Training Date(s) Attended: _____

Exact Amount of Funds Requested for Reimbursement: \$ _____ . _____

Make Check Payable To: _____

Requested Checks Over \$100.00 Will Not Be Mailed Out
(Please pick up at the County Extension Office)

Mailing Address: _____

City: _____ State: _____ Zip code: _____

****Proof of Purchase is Required, Please Attach Receipt to This Form****

(Request Forms Lacking Proof of Payment Will Not Be Viewed)

*****Requests must be received by August 1, 2024*****
NO REFUNDS WILL BE ACCEPTED AFTER AUGUST 1, 2024

Requests must comply with the 2023-2024 Bexar County 4-H budget to be eligible for refunds

Requestor Signature: _____ Date: _____

Phone: _____ E-mail: _____

CEA Signature: _____ Date: _____