2232 N.E. Jacksonville Rd
Ocala, FL 34470
Ph. (352) 671-8400
Fax. (352) 671-8420
Mc4hbank@marioncountyfl.org

REIMBURSEMENT REQUEST

Account No.: _____ Amount: $ _____

Club Name: _____Date: _____

Person Requesting Reimbursement: _____

Address to Which Check Should Be Sent: _____

_____

Purpose of Purchases: _____

_____

_____

Itemized Expense (List Receipts and attached)	Amount
Total Expenses	$

Authorized Signer: _____ Date: _____

***Remember to turn in receipt(s) and request within 30 days of completed transaction.**

MARION COUNTY 4-H FOUNDATION USE ONLY

Check #: _____Date Issued: ___/___/___Date Mailed: ___/___/____Dated Picked up: ___/___/____

FORMS PROCESSED THURSDAY OF EACH WEEK