

## Monroe County 4-H Expense Reimbursement Form

Committee/Project: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Event: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ total

Reason for reimbursement:

Mileage: \_\_\_\_\_ miles x rate of \$0.\_\_\_\_ /mile= \_\_\_\_\_

(IRS Rate for 2026 is \$0.70)

Attach receipts to form.

Authorized by: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Expense form and receipts are due within 60 days of Event.

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Office Use Only:

Ledger code: \_\_\_\_\_ Date paid: \_\_\_\_\_

Check Number: \_\_\_\_\_