

\_\_\_\_\_ County Cooperative Extension

# Reimbursement/Payment Request Form

Expenses to be paid by:

- ☐ Extension District Board
- ☐ County 4-H Council
- ☐ County FCS Council
- ☐ County ANR Council
- ☐ Other—specify: \_\_\_\_\_

Submitted by: \_\_\_\_\_ / \_\_\_\_\_  
Extension staff member/volunteer      Date



University of Kentucky  
College of Agriculture,  
Food and Environment  
Cooperative Extension Service

Make check payable to:      Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Items Purchased:

| Date of Purchase | Item Purchased | Where Purchased | Purpose/Description | Fund Name:<br>Club; name of grant,<br>etc. | Budget Line Item to<br>which this expense is<br>charged | Amount: |
|------------------|----------------|-----------------|---------------------|--------------------------------------------|---------------------------------------------------------|---------|
|                  |                |                 |                     |                                            |                                                         |         |
|                  |                |                 |                     |                                            |                                                         |         |
|                  |                |                 |                     |                                            |                                                         |         |
|                  |                |                 |                     |                                            |                                                         |         |
|                  |                |                 |                     |                                            |                                                         |         |
|                  |                |                 |                     |                                            |                                                         |         |
| Total            |                |                 |                     |                                            |                                                         |         |

☐ Original receipts are attached. (A copy of a receipt is NOT acceptable.)

## Method of payment:

- ☐ I paid for the items with my personal funds. I request reimbursement for the same amount.
- ☐ I am submitting this expense on behalf of the person who paid for it and to whom reimbursement is requested.
- ☐ Items were charged at the business. The invoice is attached and the business needs to be paid.
- ☐ Items were charged at the business. The business will send a bill and the bill needs to be paid.
- ☐ Items were purchased with the Extension credit card.
- ☐ Other, explain: \_\_\_\_\_

## Delivery:

- ☐ Mail to address
- ☐ Return to me for delivery
- ☐ Other: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Signature of person submitting form      Date

\_\_\_\_\_/\_\_\_\_\_  
Signature of associated Extension agent      Date

\_\_\_\_\_/\_\_\_\_\_  
Authorization by treasurer      Date