

**Expense Transaction/ Reimbursement Form**

Transfer of funds request &amp; approval form

Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Received by: \_\_\_\_\_ (staff initials)

Check payable to: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

Project Area: \_\_\_\_\_

Specific Event: \_\_\_\_\_

Complete this section when requesting payment by check or payment made by debit card

Account	Class	Store/Invoice #	Description/Reason	Amount
<b>TOTAL:</b>				

Attach the original receipt or invoice to this voucher

**TRANSFER**

Complete this section when money is transferred between 4-H accounts - no check is written

From	To	Reason for Transfer	Amount	To: Category/ Project Account

Minutes must be attached

\_\_\_\_\_  
(Signature of person submitting form)\_\_\_\_\_  
(4-H Coordinator/ Extension Staff)\_\_\_\_\_  
(Treasurer/ Check Writer Signature)\_\_\_\_\_  
(Co-signer of check)

Date check picked up or mailed: \_\_\_\_\_