Aitkin County 4-H Council
307 2nd St NW #208, Aitkin, MN 56431
218-927-2538
langl148@umn.edu

Aitkin County

Travel Reimbursement

Name: _____ E-mail: _____

Address: _____ Phone: _____

City:_____ State: _____ Zip: _____

Event & Date(s):_____

Answer the following Statements:

I am a screened volunteer for aitkin county 4-H or an Aitkin County 4-H member of legal driving age

YES **No**

I was traveling or driving to/from a regional, state, or national 4-h event

Yes **no**

I abided by all minnesota state and federal highway laws

yes **no**

Is this trip pre-approved by 4-H staff?

yes **no**

If you answered 'yes' to all of the above, your mileage qualifies for reimbursement by the Aitkin County 4-H Council. Please complete the mileage reimbursement form and turn it in to the Extension Office for reimbursement within 30 days of incurring the expenses. The completed form may be scanned and emailed to langl148@umn.edu or mailed to:

Aitkin County 4-H Extension Office, 307 2nd St. NW, #208, Aitkin, MN 56431

Number of Miles Traveled	# of days attended	# of nights stayed	If hauling a trailer, list family names & species hauled	List Youth, Volunteers, & Chaperones Transported

CHECK MADE OUT TO: _____

MAILING ADDRESS: _____

Office Use ONLY
Date Form Received: _____ Initials: _____
Federation Approval Needed?: Yes No Federation Approval Date (if needed): _____
Account Reimbursed From:

THE FOLLOWING MUST BE COMPLETED BY ALL 4-H MEMBERS WHO PARTICIPATED IN THE STATE FAIR, STATE HORSE SHOW, STATE DOG SHOW, STATE SHOOT, PROJECT BOWL, OR NE 4-H LIVESTOCK SHOW.

One form that includes all 4-H members who participated in the event is acceptable.

I participated in the following events at the following times:

4-H MEMBER	EVENT	DATE	TIME
Example: Mary Jones	*Trail* *Pole Weaving*	*08/19/07* *08/20/07*	*2 p.m.* *11 a.m.*

_____ # EVENTS SCRATCHED