



## Request for Reimbursement King County 4-H Horse Leaders Committee



Name		Date	
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Purpose of Reimbursement	
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Item	Purpose	Amount

Total Amount	
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Check payable to	
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Mail check to	

You must attach original receipts, invoices or other documentation

### Approvals

	Print	Signature	
Treasurer		Date	
President		Date	

Received by	Date
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