

Financial Reimbursement Form

North Dakota 4-H Ambassador

Submit mileage and other bills to the office **within 30 days** of the state event or activity.

Name _____

Address _____

City _____ State _____ Zip _____

Event _____

Where was event held? _____

Mileage (Odometer reading from vehicle)

_____ beginning mileage

_____ ending mileage

_____ total mileage @ \$.20 per mile Mileage Reimbursement \$ _____

Other: (NO REIMBURSEMENTS WILL BE MADE WITHOUT RECEIPTS OTHER THAN MILEAGE.)

Other Reimbursement \$ _____

Total Reimbursement \$ _____

Signature _____ Date _____

Authorization _____ Date _____

Return completed form to:

Ambassador Program
Center for 4-H Youth Development
PO Box 6050 Dept 7280
Fargo, ND 58108-6050