COLLEGE TRANSITION PROJECTS
Financial Reimbursement

Community:

___Barnes                 ___ Minot
___ Bowman                ___ Ransom/ Sargent
___ Dickinson             ___ Rolette
___ Grand Forks/ Devils Lake ___ Rugby/TGU
___ Mandan                ___ Sioux County

Pay to:

_________________________________________________________________

Address

_________________________________________________________________

_________________________________________________________________

Description/Explanation

_________________________________________________________________

Instructions:
* Stipends/Substitute Fees for non NDSU employees – please include an invoice with amount to be paid per session. Include SS # and address.
* Refreshments – include original receipts and registration list of participants.
* Supplies/ copies/ postage – include original receipts if a personal expense or invoice if an office expense.

Return to:
Sharon Query
Center for 4-H Youth Development
NDSU Dept 7280
PO Box 6050
Fargo, ND  58108-6050
Sharon.query@ndsu.edu

Approved by __________________________
Date ________________________________