NON-EMPLOYEE
REIMBURSEMENT EXPENSE FORM

NAME ___________________________________ SS# _____________________
ADDRESS _______________________________________________________
TELEPHONE NUMBER ______________________________________________
EVENT ___________________________________________________________

Mileage (receipt not required)          $ ____________________
_____ miles @ $.55/mile

Parking (must have original receipt)    $ ____________________

Lodging (must have original receipt)    $ ____________________

Meals (receipts not required, but please itemize) $ ____________________

Misc. Receipts (awards & judges supplies) $ ____________________

<table>
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<tr>
<th>Date</th>
<th>Breakfast ($5.00)</th>
<th>Lunch ($7.50)</th>
<th>Dinner ($12.50)</th>
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TOTAL $ ____________________

____________________________________  Date ____________________  
(Signature)

return to: Center for 4-H Youth Development  
Attn: Alice Amundson  
PO Box 6050, Dept. 7280  
Fargo, ND 58108-6050