



County Expense Form

County Name: _____

Contact Person: _____

Phone: _____ Email: _____

Expenses

List expenses separately. Counties will be reimbursed expenses up to \$500. Receipts must accompany form for payment

Item Description	Amount
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
	Total _____

CEC Signature: _____ Date: _____

4-H Agent Signature: _____ Date: _____

Completed forms should be printed and mailed to:
Mark Zeigler, State 4-H Office
Hoke Smith Annex, UGA,
Athens, GA 30602