



Shelby County Extension Homemakers – Request for Reimbursement

Date: _____ Requested by: _____

Description of Expense (please attach receipts)

Date	Item/Description	Amount

Total amount requested: _____

Approved by: _____

Check #: _____ Amount paid: _____

Paid by: _____ Date: _____

*For reimbursement mail completed form to County Treasurer