

REIMBURSEMENT FORM

Name

Address

City

Phone Number

Name of Class Teaching

Supplies Purchased and Cost:

Total Amount to be reimbursed: \$ _____

Be sure to attach receipt(s) for each item.

Send form and receipts to:

Extension – Clark County
Attention: Courtney Becker
517 Court Street, Room 104
Neillsville, WI 54456

Or return them to the Extension Office