Jackson County 4-H
Request for Funding Support
Pre-Approval Form

Please complete the following information to the best of your ability for your pre-approval for funding support from the Jackson County 4-H Parents & Leaders Association. Pre-approval is required for funding support according to the Financial Policy. This form is intended to help those making requests identify all expenses that may be part of an experience. Funding information not included on this form will not be supported by the Association.

Name _____ Age _____

Club/Group _____ Phone _____

E-mail _____

Please check one:

☐ I will make this request in person at the next meeting of the Executive Board.
☐ I will be unable to make this request in person and ask that it be shared with the Executive Board.

Event/Activity for which funding support is being requested:_____

Expected Expenses:

Travel: Starting Point? _____ Date: _____
Destination? _____ Date: _____
Mileage = _____ x __$0.51__ = Total Requested Mileage **$_____ (a)**
(# of miles; mileage rate)

Lodging: Location (hotel & city) _____
_____ x _____ x _____ = Total Requested Lodging **$_____ (b)**
(# of nights; # of rooms; room rate/night)

Meals: _____ x _____ x _____ = Total Requested Meals **$_____ (c)**
(# of meals; # of ppl; approx. cost/meal (up to $10/person))

Registration Costs:
(_____ x _____) + (_____ x _____) = Total Fees **$_____ (d)**
(# of adults; fee/adult; # of youth; fee/youth)

Supplies:
Supplies_____ Cost: $_____
Supplies_____ Cost: $_____
Supplies_____ Cost: $_____
Total cost of supplies: $_____ (e)

(a) + (b) + (c) + (d) + (e) = Total Funding Request $_____