

WYOMING CATTLEWOMEN  
GRASSROOTS REQUEST FOR REIMBURSEMENT  
2018-2019

AFFILIATE/LOCAL GROUP NAME: \_\_\_\_\_

PROJECT: \_\_\_\_\_

PROJECT CHAIRMAN: \_\_\_\_\_

E-MAIL, ADDRESS, PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COST OF EVENT: \_\_\_\_\_ FUNDS REQUESTED: \_\_\_\_\_ ATTACH ORIGINAL RECEIPTS!

NUMBER OF ADULTS REACHED: \_\_\_\_\_

NUMBER OF STUDENTS REACHED: \_\_\_\_\_

NUMBER OF PRODUCERS REACHED: \_\_\_\_\_

NUMBER OF VOLUNTEERS INVOLVED: Members \_\_\_\_\_ Other \_\_\_\_\_

DATE PROJECT COMPLETED: \_\_\_\_\_

Summary of Event: (Use additional pages if necessary)

How did this project benefit the Wyoming Beef Industry? (Use additional pages if necessary)

What would you change to make this project more effective in the future?

Please send completed request and ORIGINAL receipts upon completion of project and by June 1 to:

Wyoming CattleWomen, Grassroots Chairman