

**4-H AGENTS BILLING FORM**

**CAMP** \_\_\_\_\_

**DATE OF CAMP** \_\_\_\_\_

**COUNTY** \_\_\_\_\_

**AGENTS ATTENDING:**

**Each Director is responsible for listing the names of Agents attending camp.  
Keep one copy for your files, and mail a copy to the address listed below.**

**Terry Patterson  
Extension Specialist  
4-H & Youth Development  
Box 7606, NCSU  
Raleigh, N.C. 27695-7606**

**Agents Sign:**