

**MGAGCM**

**MASTER GARDENER ASSOCIATION GENESEE COUNTY MI**

**EXPENSE FORM – Check Request or Reimbursement**

**REQUEST**

**REIMBURSEMENT - *PLEASE ATTACH ORIGINAL RECEIPT FOR REIMBURSEMENT. THANK YOU!***

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROJECT or PAYEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS for Mailed Reimbursements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **PROJECT** | **DESCRIPTION of PURCHASE** | **AMOUNT** |
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**TOTAL: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized on: \_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Treasurer**

**Check # \_\_\_\_\_\_\_\_\_\_\_\_ Check Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Budget Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Board Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**