**MGAGCM**

**MASTER GARDENER ASSOCIATION GENESEE COUNTY MI**

**EXPENSE REIMBURSEMENT FORM**

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

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

**PAYEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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