

# Master Gardener Foundation of Lewis County

## REQUEST FOR REIMBURSEMENT

Instructions: All requests for reimbursement must be accompanied by a bill or receipt and each receipt must show the vendor's name. If receipt(s) contains personal purchases, please line those items out on the receipt. Clearly indicate which items are Master Gardener (MG) purchases and calculate sales tax based on the MG items(s) only. If expenditures cover more than one account (budget line item, project, purchase), submit a separate request for each account. If multiple requests are submitted at the same time, please provide a detailed summary sheet showing the grand total of the requests.

Date submitted: \_\_\_\_\_ Reimbursement Requested \$ \_\_\_\_\_

Make Check Payable to \_\_\_\_\_

Items/Services Purchased, Vendor & Cost for each: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Account (Budget Line Item or Project/Purchase Name): \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_

Submitted By: \_\_\_\_\_

Approved By (Must be on the Approved Signers List for the Account):  
\_\_\_\_\_

### For Office Use Only

Date Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Paid to: \_\_\_\_\_

Account Charged: \_\_\_\_\_

Treasurer: \_\_\_\_\_