

MARTIN COUNTY MASTER GARDENERS
REQUEST FOR FUNDS or REIMBURSEMENT

Requestor: please complete Section One and attached supporting documents for your reimbursement request to the back of this document.

Section one

Date: ___/___/___ Amount Requested: _____

Committee Name: expense is related to: _____

Make Check Payable To: _____

Requestor's Name

Description of Expense: _____

Section 2 is to be completed by the treasurer.

Section Two: Reimbursement

This request has been approved by: (circle one)
FACILITATOR ADVISORY BOARD or OTHER (Specify):

Date Check Issued: ___/___/___ Check # _____ Amt _____

Paid to:

Committee Charged
to: _____

Audited by: _____ Date: _____