MARTIN COUNTY MASTER GARDENER
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: __________