



REIMBURSEMENT REQUEST

Submit to: (may email with scanned receipts attached)
 Treasurer, Master Gardener Foundation Kitsap County
 PO Box 3077
 Silverdale, WA 98383

ITEM #	ITEM DESCRIPTION (including Garden(s) for which the item is designated if applicable)	REQUESTED AMOUNT	RECEIPT (Y/N)	IF NO RECEIPT, REASON*
	TOTAL Amount Requested: (Must be greater than \$5.)			

APPROVAL SIGNATURES: Committee Chair, Garden Leader, Horticulture Advisor or Board Member excluding Treasurer may sign. Requestor may not sign as an Approver. (**Approver may send approval via email to the Treasurer.**)

1. _____ DATE: _____

2. _____ DATE: _____

(2nd signature required only if any receipt is missing. When two signatures are required, at least one must be a Board Member excluding Treasurer.)

MAIL CHECK TO:

REQUESTOR NAME (as desired on reimbursement check)	
STREET ADDRESS OR PO BOX	
CITY, STATE, ZIP	
PHONE	

CHECK # ISSUED BY TREASURER: _____