



REIMBURSEMENT/DEBIT CARD TRANSACTION REQUEST

Submit to:

Treasurer, Master Gardener Foundation Kitsap County
 MGFKC.Treasurer@gmail.com (may email with scanned receipts attached)
 or PO Box 3077 Silverdale, WA 98383

Garden/Clinic/Event/Committee: _____

Project: _____

Charge to Account: _____ (to be completed by Treasurer)

Receipts to support all expense must be attached & dated within 60 days of purchase to be considered for reimbursement. Any debit card transaction receipts will be attached by Treasurer.

ITEM #	ITEM DESCRIPTION <small>include designated Garden(s) for each item if applicable</small>	REQUESTED AMOUNT	RECEIPT (Y/N)	IF NO RECEIPT REASON *
	TOTAL Amount Requested: (Must be greater than \$5.)			

Requested By: _____ Date: _____

Note: It is the responsibility of the person requesting reimbursement to secured approval signature(s) listed below. 1) Requester may not sign as an Approver. 2) Request for reimbursement without receipts require 2nd approval signature. 3) Approver may send approval by email to the Treasurer.

APPROVAL SIGNATURES: Committee Chair, Garden Leader, Horticulture Educator, or Board Director (excluding Treasurer) may sign.

Approver: _____ Date: _____

*Approver: _____ Date: _____

MAIL CHECK TO:

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

CHECK # ISSUED BY TREASURER: _____ DATE: _____