

Central Alabama Master Gardener Association  
*Expense Reimbursement Request*

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

EXPENSE REIMBURSEMENT REQUESTED:

DATE	BUDGET CATEGORY AND DESCRIPTION	AMOUNT
_____	_____	\$_____
_____	_____	\$_____
_____	_____	\$_____
_____	_____	\$_____
_____	_____	\$_____

TOTAL REIMBURSEMENT REQUESTED \$\_\_\_\_\_

Receipts are required for reimbursement – please attach receipt for each expense claimed.

Additional Info/Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF CLAIMANT  
\_\_\_\_\_

APPROVED BY TREASURER  
\_\_\_\_\_