

Central Alabama Master Gardener Association
Expense Reimbursement Request Form



Fill out form completely. All applicable receipts should be attached to this form.

Today's date: _____

Name of person requesting reimbursement: _____

Circle Budget category: *Administrative* *Activities* *Community Project*

Specify subcategory, event, or activity: _____

Description of Items Purchased	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	\$ _____

Make check payable to (if different than above) _____

Preferred reimbursement timeframe: **ASAP** *Next CAMGA meeting is fine*

Authorized by: _____

Signature of Committee Chair or Officer authorizing purchase/reimbursement

For Treasurer Use Only		
Check # _____	Amount _____	Date _____
Budget category/subcategory _____		
To be: <input type="checkbox"/> expedited/mailed <input type="checkbox"/> hand delivered		