



Central Alabama Master Gardener Association, Inc.
Expense Reimbursement Request Form

Fill out form completely. All applicable receipts should be attached to this form and dated within three (3) months of today's date.

Today's date: _____

Name of person requesting reimbursement: _____

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

Specify subcategory, event, or activity: _____

Vendor & 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:

Printed name of Person Authorizing Expense (Committee Chair or Officer)

Signature of Committee Chair or Officer authorizing expense

For Treasurer Use Only

Check# _____ Amount \$ _____ Date _____

Budget category/subcategory _____

Budgeted expense? Y/N If no, authorized by _____

To be: ☐ Expedited/mailed ☐ hand-delivered ☐ Other _____