



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: \_\_\_\_\_

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