



# Comal Master Gardener

## Request for funding of conferences and trainings (must be submitted at least 2 months prior to event)

Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_  
(CMG requesting approval)

Conference/Training to be attended: \_\_\_\_\_

Topic of Conference/Training: \_\_\_\_\_

Date of Conference/Training: \_\_\_\_\_ Cost of Conference/Training: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of reimbursement is subject to available funds. Approved form must be submitted with Request for Reimbursement Form and receipt upon completion of conference and/or training.

Request approved for \$ \_\_\_\_\_ Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_